# KEN PAXTON



# Law Enforcement

# **Privacy and Personnel Records**

Kenneth Moreland Assistant Attorney General Open Records Division

Views expressed are those of the presenter, do not constitute legal advice and are not official opinions of the Office of the Texas Attorney General

# What are you going to learn during the presentation today?

How to apply mandatory exceptions in the Public Information Act (PIA) to personnel files

# What is a *mandatory* exception?

- Mandatory exception <u>cannot be waived</u>
- Makes information confidential
- Not discretionary it applies or does not apply

#### THE DAILY BUGLE

November 15, 2016
Dear Chief of Police:
I am writing under the Texas Constitution and the Freedom of Information Act to respectfully request the following information:
The personnel file of Officer Logan Wolverine
Should you choose to appeal or deny any portion of this request, please provide any segregable portions of otherwise exempt material
Please notify me of any fees associated with finding and copying the records. If you need any clarification, I can be reached via email.
Thanks,
Joe Robertson
Editor-in Chief
The Daily Bugle

## Section 552.101 of the Government Code

- ▶ Incorporates law <u>outside</u> of the Public Information Act (PIA)
  - Constitutional
  - Statutory
  - Case law
- Must be raised in conjunction with other law, including common-law privacy
- Never raised in conjunction with a numbered exception inside the Act

## Section 143.089 of the Local Government Code

- Allows for two different personnel files relating to police officers, fire fighters, and emergency medical services personnel by municipalities that elect to become civil service cities
  - Civil service file maintained pursuant to section 143.089(a), and
  - Internal file that the department maintains pursuant to section 143.089(g)
- Section 143.089 is only applicable to municipalities that elect to become civil service cities

# **Section 143.089(a)**

- ► This section requires the civil service commission to maintain a civil service file, which must contain the following types of information:
  - Commendations or honors;
  - All information relating to misconduct that resulted in disciplinary action; and
  - Periodic evaluations
- Civil service file is not confidential and is subject to release, but you may raise other exceptions to disclosure for the civil service file
- An officer, fire fighter, or emergency medical services personnel has a right of access to his or her civil service file

- Allows for the maintenance of an internal file by a police department or fire department
  - Internal file is confidential
  - Department that receives a request for the personnel file must refer the requestor to the civil service commission
  - An investigation of misconduct that did <u>not</u> result in disciplinary action must be placed in the internal file
  - Individual does <u>not</u> have a right of access to his or her internal file

- Logan Howlett Wolverine is a member of the Marvel Police Department
- Marvel City elected to be a civil service city under chapter
   143 of the Local Government Code

To whom it may concern,

I am writing to express my appreciation for one of your officers, Logan Wolverine. I was in the park last week with my boyfriend, when we were ambushed by sentinels. Officer Wolverine saw the sentinels attacking us, and he leapt down from the building in order to capture them. He could have left after arresting the criminals, but he made sure we were okay and waited until an ambulance came to tend to our injuries. I am very grateful to Officer Wolverine for heroically helping us and hope you will recognize his courage.

Sincerely,

**Jubilation Jubilee** 

**Grateful Citizen** 

### Page must be maintained in Wolverine's 143.089(a) file

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**Jubilation Jubilee** 

**Grateful Citizen** 

#### MARVEL POLICE DEPARTMENT

#### **Performance Review**

Officer Name: Logan Wolverine Badge Number: 8342

Officer Title: Assistant Police Chief

Area	Excellent	Good	Fair	Poor	Comments
Productivity	Х				
Enthusiasm			Х		Can be a bit temperamental at times.
Cooperation				Х	Does not work well w/ others
Attitude			Х		
Punctuality	Х				Always on time
Communication Skills				Х	Could really use work

Comments: While I appreciate and admire your productivity, there are definitely areas for improvement to make you a more well-rounded employee.

Employee's signature

Supervisor's signature

## Page must be maintained in Wolverine's 143.089(a) file

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### MARVEL POLICE DEPARTMENT

#### INTERNAL INVESTIGATION SUMMARY

**Accused:** Logan Wolverine **Location of Incident:** Club Colossus

Allegation: Logan Wolverine assaulted Grammy award winning DJ Colossus with a microphone

#### **Summary of Events:**

- Logan Wolverine was at Club Colossus and asked the DJ Colossus to play any track from his favorite album, Lemonade by Beyoncé.
- DJ Colossus informed Wolverine he couldn't play the album, and instead played a song from the new Taylor Swift album.
- Wolverine became enraged, ran over to the DJ booth, stopped the track, and took the microphone from DJ Colossus and said, "Imma let him finish your set, but Beyoncé's Lemonade is one of the best albums of all time!"
- As he was leaving, Wolverine—still upset by the Taylor Swift song selection—threw the microphone and hit DJ Colossus in the head, knocking him unconscious.
- Three security guards rushed into the club, apprehended Logan Wolverine, and called the paramedics. DJ Colossus was treated at the hospital for a concussion.

Code of Conduct at Issue: Rule 5.04.11

**Findings:** Officer Logan Wolverine violated rule 5.04.11 when he hit DJ Colossus with the microphone.

**Recommendation:** My recommendation is for a year suspension without pay, but preferably removal from the force all together.

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# MARVEL POLICE DEPARTMENT WRITTEN REPRIMAND

**EMPLOYEE NAME: Logan Wolverine** 

DATE OF INCIDENT: January 13, 2011

PROCEDURE MANUAL SEC(S): Marvel Police Department Rules of Conduct Chapter III Responsibilities and General Conduct of Duty 3.8

Report #: 08-15432

Incident: On January 13, 2011, around 0020 hours, Officer Wolverine was flagged down by a motorist who wanted to report that a shape-shifter had run off with his wallet. Wolverine told the victim he was currently in route to a report of aggravated assault and did not have time to assist. Wolverine advised the victim to call 9-1-1 and another officer would be there to help. Wolverine then left. No call to dispatch was made by Officer Wolverine to make sure another officer was on his way to assistant the motorist victim.

Comments: Officer Wolverine was duty bound to assist the citizen immediately. He failed to properly prioritize the immediate need for service. The Marvel Police Department Code of Conduct 3.8 states, "Officers shall respond without delay to all calls for police assistance from citizens or other members, with emergency calls taking precedence. All calls shall be answered as soon as possible consistent with normal safety precautions and traffic laws. Barring the most extraordinary of circumstances, or when otherwise directed by senior authority, no officer shall fail to answer any call for service directed to him."

This incident is inconsistent with how Officer Wolverine performs his duties. Officer Wolverine is exceptional in his performance and has had no prior incidents such as this one. I am recommending counseling regarding department procedures, with no further disciplinary action.

### Withhold page 552.101 +143.089(g) of the Local Government Code

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- Department may not engraft the confidentiality provided by section 143.089(g) to information the department also maintains separate from the internal file when such information is specifically requested
- Example:
  - Requestor amends his request to the police department and now requests all records on officer Logan Wolverine, including a specified police report

# #1

# MARVEL, TX POLICE DEPARTMENT OFFENSE REPORT

Incident No.: 16-5656

Offense: Speeding Date: 07/11/2016

Location: 350 Kessel Run Time: 9:45 PM

**INVOLVED PARTIES** 

No. 01 Last: Darkholme First: Raven AKA: Mystique

Race: Mutant Sex: F Age: 27

Address: 12 Pallet Town Drive

Home Phone: (830) 413-8070

DL# MO 23242526 SSN: 123-45-6789

#### **DETAILS OF INCIDENT**

Officer Wolverine observed driver Mystique's vehicle speeding down Johto Lane. Mystique's vehicle kept swerving and was travelling 15 miles over the listed speed limit of 45 miles per hour. Officer Wolverine had Mystique pull her vehicle off of the road. Once safely stopped, Officer Wolverine checked Mystique's criminal history on the police department's local criminal history database. The criminal history check yielded the following: 2007 conviction for smuggling. Mystique has no outstanding warrants. When questioned about her driving, Mystique responded "I know I'm not supposed to hunt for Pokemon when I drive, but there's a Pikachu down this street, and I couldn't help myself. It won't happen again officer...unless there's a Mewtwo nearby!"

#### **ACTION TAKEN**

Officer Wolverine issued Mystique a traffic citation for speeding for Pokemon.

Page may not be withheld under 552.101 + 143.089(g) of the Local Government Code

#1

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#### **ACTION TAKEN**

Officer Wolverine issued Mystique a traffic citation for speeding for Pokemon.

# What to Remember When Asserting Section 143.089

- Whether your city has elected to become a civil service city
- Whether the information at issue is maintained within the civil service file or the internal file
- If the information relates to misconduct by an officer, fire fighter, or emergency medical services personnel, whether the investigation resulted in disciplinary action



# Section 552.117 v. 552.1175

Must tell us	552.117(a)(1)	552.117(a)(2)	552.1175
To whom does the information belong and how is it held?	Current & former employees of your governmental body; held by you in an employment capacity	Peace officers employed by your governmental body; held by you in an employment capacity	Peace officers & other enumerated individuals either (1) employed by you, but the information is held in a non-employment capacity, or (2) employed by another governmental body
What information is protected?	Home Address Home Telephone Number Social Security Number Emergency Contact Information Family Member Information	Home Address Home Telephone Number Social Security Number Emergency Contact Information Family Member Information	Home Address Home Telephone Number Social Security Number Emergency Contact Information Family Member Information Date of birth
Has the individual elected confidentiality?	Employee elected confidentiality <b>before</b> you received the request	Protection is automatic	Individual makes an election with your governmental body (can be after you received the request)

#### MARVEL POLICE DEPARTMENT

#### **APPLICATION FOR EMPLOYMENT**

Full Name: Logan Howlett Wolverin	<u>e</u>		
Present Address: 2901 Adamantium	Drive, Austin, Texas 787	<u>01</u>	
Date of Birth: March 4, 1952	Age: <u>64</u>	Soci	al Security Number: <u>000-12-3456</u>
Home Telephone: (512) 555-2234	Business	Telephone: <u>(512) 555-6789</u>	
Cell Phone Number: <u>(512)</u> 555 4871	E-mail: <u>il</u>	ovejean@hotmail.com	
Height: <u>5'8''</u>	Weight: 225 lbs.	Hair Color: <u>Black</u>	Eye Color: Blue, yellow
Driver's License #: 12345678 TX	Ex	xpiration Date: <u>December 18, 20</u>	<u>115</u>
	PERSO	NAL BACKGROUND	
Marital Status (check one):			
X Single Married Se	parated Divorced		
If Married, Your Spouse's Name:		-	
Spouse's Address:		-	
Spouse's Phone Number:			
Children's Names & Ages:			
Name:		Age:	

#### **APPLICATION FOR EMPLOYMENT**

Full Name: Logan Howlett Wolverine			
Present Address: 2901 Adamantium Drive, Aust	in, Texas 78701		
Date of Birth: March 4, 1952	Age: <u>64</u>	Social Sec	urity Number: 000-12-3456
Home Telephone: 512) 555-2234	Business Tele	phone: <u>(512) 555-6789</u>	
Cell Phone Number: (512) 555 4871	E-mail: <u>iloveje</u>	ean@hotmail.com	
Height: 5'8" Weight: 22	25 lbs.	Hair Color: <u>Black</u>	Eye Color: Blue, yellow
Driver's License #: <u>12345678 TX</u>	Expira	tion Date: <u>December 18, 2015</u>	
	PERSONAL I	BACKGROUND	
Marital Status (check one):			
X Single Married Separated	Divorced		
If Married, Your Spouse's Name:			
Spouse's Address:			
Spouse's Phone Number:			
Children's Names & Ages:			
Name:		Age:	

552.117(a)(2)

#### MARVEL POLICE DEPARTMENT

552.102 protects: The date of

governmental body in a record

maintained by his or her employer

birth of an employee of a

# APPLICATION FOR EMPLOYMENT

Full Name: Logan Howlett Wolverine		in	an employment context
Present Address: 2901 Adamantium Driv	ve, Austin, Texas 78701		
Date of Birth: March 4, 1952	Age: <u>64</u>		Social Security Number: 000-12-3456
Home Telephone: <u>512) 555-2234</u>	Business Teleph	none: <u>(512) 555-6789</u>	
Cell Phone Number: (512) 555 4871	E-mail: <u>ilovejea</u>	n@hotmail.com	
Height: 5'8" We	eight: <u>225 lbs.</u>	Hair Color: <u>Blac</u>	<u>ck</u> Eye Color: <u>Blue, yellow</u>
Driver's License #: 12345678 TX	Expiration	on Date: <u>December 18</u>	<u>3, 2015</u>
	PERSONAL BA	ACKGROUND	
Marital Status (check one):			
X Single Married Separa	ited Divorced		
If Married, Your Spouse's Name:			
Spouse's Address:			
Spouse's Phone Number:			
Children's Names & Ages:			
Name:		<b>∖</b> ge:	

552.11	7(a	1)(2)
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MARVEL POLICE DEPARTMENT

552.102

#### **APPLICATION FOR EMPLOYMENT**

Full Name: Logan Howlett Wolverine		
Present Address: 2901 Adamantium Drive, Austin,	<u>Texas 78701</u>	
Date of Birth: March 4, 1952	Age: <u>64</u>	Social Security Number: 000-12-3456
Home Telephone: <u>512) 555-2234</u>	Business Telephone: (512) 555	<u>-6789</u>
Cell Phone Number: (512) 555 4871	E-mail: ilovejean@hotmail.com	<u>1</u>
Height: <u>5'8"</u> Weight: <u>225 II</u>	<u>bs.</u> Hair Colo	or: <u>Black</u> Eye Color: <u>Blue, yellow</u>
Driver's License #: 12345678 TX	Expiration Date: Decem	ber 18, 2015
	PERSONAL BACKGROUND	
Marital Status (check one):  X Single Married Separated  If Married, Your Spouse's Name:	Divorced	552.130 protects: motor vehicle operator's or driver's license, permit, title or registration
Spouse's Address:		issued by TX or another state or country or a personal ID
Spouse's Phone Number:		document issued by TX or
Children's Names & Ages:		another state or country or a
Name:	Age:	local agency authorized to issue an ID document

	552.11	7(a)(2)
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Name:

552.102 | 552.130

#### MARVEL POLICE DEPARTMENT

## APPLICATION FOR EMPLOYMENT

#### **APPLICANT INFORMATION**

Age

Full Name: Logan Howlett Wolverine Present Address: 2901 Adamantium Drive, Austin, Texas 78701 Date of Birth: March 4, 1952 Age: 64 Home Telephone: 512) 555-2234 Business Telephone: (512) 555-6789 E-mail: iloveiean@hotmail.com Cell Phone Number: (512) 555 4871 Height: <u>5'8"</u> Weight: 225 lbs. Hair Color: Black Driver's License #: 12345678 TX Expiration Date: December 18, 2015 PERSONAL BACKGROUND Marital Status (check one): X Single Married Separated Divorced If Married, Your Spouse's Name: Spouse's Address: Spouse's Phone Number: Children's Names & Ages:

552.137 protects: E-mail addresses of members of the public that are provided to communicate electronically with a governmental body

Social Security Number: 000-12-3456

Eye Color: Blue, yellow

#### **EDUCATIONAL BACKGROUND**

School & Loca	tion:	Cold Lake High	n School, Alb	erta, Canada		
Graduation Da	ate:	May, 1970	May, 1970 Degree Earned: <u>High School Diploma</u>			
School & Loca	tion:	University of A	Alberta, Albe	<u>rta, Canada</u>		
Graduation Da	ate:	May, 1977	Degr	ee Earned: <u>B.A.</u>		
				EMPLOYMENT HIS	STORY	
Prior Employe	r & Location: <u>P</u>	ort Washingtor	n Police Dep'	t, Port Washington, TX		
Position:	Peace Officer		Salary: <u>\$40,</u>	<u>000</u>		
Supervisor:	Officer Nighto	<u>rawler</u>	Supervisor's	Phone: <u>(414) 555-1212</u>		
Prior Employe	r & Location: <u>C</u>	ooke County SI	heriff's Office	<u> </u>		
Position:	<u>Deputy</u>		Salary: <u>\$40,</u>	<u>000</u>		
Supervisor:	Lt. Kitty Pryde	_	Supervisor's	Phone: <u>(872) 555-1144</u>		
				REFERENCES	5	
<u>Name</u>		Phone Nui	<u>mber</u>	Relationship		
Lt. Ororo Sto	rm	(512) 555-	0606	Former co-wor	ker at Port	
				Washington Po	blice	
				Department		
Sgt. Remy Ga	ambit	(713) 555-	1144	Friend, former		
				Port Washingto	on Police	
Piotr Colossu	ıs	(785) 555-	8597	Department Friend		
11001 0010330		(100) 000	0007	rnena		
				MILITARY SERV	/ICE	
Branch:	1 <sup>st</sup> Canadian P	arachute Batta	lion	Dates: <u>6/70 – 4/73</u>	Rank at Discharge: Soldier of Fortune	
Did you receiv	e an honorable	e discharge?	<u>X</u> Yes	No		
Were you eve	r court-martial	ed?	Yes	X_ No		
Were you eve	r reduced in ra	nk?	Yes	X_ No		
•	r absent witho	ut leave?	Yes	X_ No		
List Relevant I	Honors:					

EDUCATION	AL BACKGROUN	ID			
School & Loc	ation:	Cold Lake High	n School, Alberta, Can	ada	
Graduation D	Date:	May, 1970	Degree Earne	ed: <u>High School Diploma</u>	
School & Loc	ation:	University of A	Alberta, Alberta, Cana	<u>da</u>	
Graduation Date: May, 1977		Degree Earned: <u>B.A.</u>			
			EM	PLOYMENT HISTORY	
Prior Employ	er & Location: <u>F</u>	ort Washingtor	n Police Dep't, Port W	ashington, TX	
Position:	Peace Officer		Salary: <u>\$40,000</u>		
Supervisor:	Officer Nighton	<u>rawler</u>	Supervisor's Phone:	(414) 555-1212	
Prior Employ	er & Location: <u>C</u>	Cooke County Sh	neriff's Office		
Position:	<u>Deputy</u>		Salary: <u>\$40,000</u>		
Supervisor:	Lt. Kitty Pryde	<u>!</u>	<u>(872) 555-1144</u>		
				REFERENCES	
<u>Name</u>		Phone Nur	<u>mber</u>	Relationship	
Lt. Ororo St	orm	(512) 555-0	0606	Former co-worker at Port	
				Washington Police	
				Department	
Sgt. Remy Gambit (713) 555-		1144	Friend, former co-worker at		
				Port Washington Police	
		()		Department	
Piotr Coloss	us	(785) 555-8	8597	Friend	

#### **MILITARY SERVICE**

Branch:	1 <sup>st</sup> Canadian Parachute Batt	alion	Dates: <u>6/70 – 4/73</u>	Rank at Discharge: Soldier of Fortune
Did you rec	eive an honorable discharge?	<u>X</u> Yes	No	
Were you e	ver court-martialed?	Yes	X_ No	
Were you e	ver reduced in rank?	Yes	X_ No	
Were you e	ver absent without leave?	Yes	X_ No	
List Relevar	nt Honors:			

552.1175

#### **APPLICANT QUESTIONNAIRE**

#### **Criminal Background**

As an adult, have you been convicted of DWI or DUI? <u>No</u> If yes, list the offense, date and jurisdiction in which the offense occurred.

\_\_\_\_\_

#### **Work Background**

Yes	No	
	<u>X</u>	Have you ever been fired from a job for any reason?
	<u>X</u>	Have you ever been asked to resign from a job for any reason?
	<u>X</u>	Have you ever quit to avoid being fired?
	X	Did you ever quit a job without giving the required notice?

#### **EMERGENCY CONTACT INFORMATION**

Name: Rogue Relationship: Acquaintance

Phone Number: (512) 555-2958

552.117(a)(2)

## Logan H. Wolverine

2901 Adamantium Drive · Austin, Texas 78701

(512) 555-2234 · ilovejean@hotmail.com

#### **EDUCATION**

- University of Alberta, Alberta, Canada
  - o B.S., Psychology and Criminal Justice, May 1977
  - Graduated with honors

#### **EXPERIENCE**

- Cooke County Sheriff's Office, Gainesville, TX
  - o Deputy
- Port Washington Police Department
  - o Peace Officer

#### **ACTIVITIES & SERVICE**

- Samurai Martial Arts Club
  - o Two-time club champion
- Healing Factor Recovery Center
  - o Founder
- Fluent in Japanese, Russian, Chinese, Cheyenne, Spanish, Arabic, and Lakota

552.117(a)(2)

552.137

## Logan H. Wolverine

2901 Adamantium Drive · Austin, Texas 78701

(512) 555-2234 · ilovejean@hotmail.com

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  - o Founder
- Fluent in Japanese, Russian, Chinese, Cheyenne, Spanish, Arabic, and Lakota

333 20<sup>th</sup> Street

Marvel Police Department

Austin, Texas 78791

Dear Sir or Madame:

I highly recommend Logan Wolverine for a position with the Marvel Police Department. I have known Logan since childhood as he, his sister, my brother, and I all grew up together and went to the same schools. I know Wolverine to be an upstanding individual. Wolverine is a great leader, trustworthy, and loyal. He has been through a lot, including surviving having adamantium fused into his bones! He's hard working and has always stood up for and protected others. I truly believe he is the right guy for the job!

Sincerely,

Officer Hank McCoy, X-Men Police Department

333 20<sup>th</sup> Street

Marvel Police Department

Austin, Texas 78791

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552.117(a)(2)

552.1175

333 20<sup>th</sup> Street

Marvel Police Department

Austin, Texas 78791

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Sincerely,

Officer Hank McCoy, X-Men Police Department

#### University of Tibet Office of the University Registrar

#### TRANSCRIPT OF ACADEMIC RECORD

Record of: Wolverine	Student ID: 970103639	Date of Birth: 03/	04/1952
SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
PSY 329 EXPERIMENT CRIMJ 230 CORRECTI	PSYCH METHODS IN AMERICA ND THE PROS. PROCESS TAL PSYCHOLOGY	3.00 A 3.00 B	6.00 4.00 9.00 9.00 12.00 9.00
FALL 1977 PSY 319 PHYSIOLOGI PSY 332 COGNITIVE F CRIMJ 250W RESEAR PSY 337 ABNORMAL F CRIMJ 465 ETHICS IN hrs: 16.00 GPA-Hrs: Honor Roll List Good Standing	PSYCHOLOGY CH METHODS PSYCHOLOGY CRIMINAL JUSTICE	3.00 C 3.00 A 3.00 B 3.00 A 1.00 A 3.00 C A: 3.06	6.00 12.00 9.00 12.00 4.00 6.00
SPRING 1977 CRIMJ 260 STAT. ANA PSY 441 DEVELOPME PSY 442 SOCIAL PSYC CRIMJ 304 SECURITY PSY 455 PERSONALIT CRIMJ 430 ALTERNAT hrs: 12.00 GPA-Hrs:	NTAL PSYCHOLOGY CHOLOGY ADMINISTRATION Y PSYCHOLOGY IVES TO INCARCERATION	3.00 W 3.00 B 3.00 C 3.00 W 3.00 C N 3.00 A A: 2.75	0.00 9.00 6.00 0.00 6.00 12.00

\*\*\*\*\*PAGE 3 OF 4\*\*\*\*\*

#### University of Tibet Office of the University Registrar

#### TRANSCRIPT OF ACADEMIC RECORD

Record of: Wolverine	Student ID: 970103639	Date of Birth 03/0	4/1952
SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
SPRING 1976 PSY 314 HISTORY OF PSY 317 STATISTICS/ CRIMJ 210 POLICING CRIMJ 220 COURTS A PSY 329 EXPERIMENT CRIMJ 230 CORRECTI hrs: 16.00 GPA-Hrs: Honor Roll List Good Standing	PSYCH METHODS IN AMERICA IND THE PROS. PROCESS TAL PSYCHOLOGY IONS IN AMERICA	3.00 C 1.00 A 3.00 B S 3.00 B 3.00 A 3.00 B PA:3.06	6.00 4.00 9.00 9.00 12.00 9.00
FALL 1977 PSY 319 PHYSIOLOGI PSY 332 COGNITIVE F CRIMJ 250W RESEAR PSY 337 ABNORMAL F CRIMJ 465 ETHICS IN	PSYCHOLOGY CH METHODS PSYCHOLOGY	3.00 C 3.00 A 3.00 B 3.00 A 1.00 A 3.00 C	6.00 12.00 9.00 12.00 4.00 6.00
hrs: 16.00 GPA-Hrs: Honor Roll List Good Standing	16.00 QPts: 49.00 GP	PA: 3.06	0.00
SPRING 1977 CRIMJ 260 STAT. ANA PSY 441 DEVELOPME PSY 442 SOCIAL PSY CRIMJ 304 SECURITY PSY 455 PERSONALIT CRIMJ 430 ALTERNAT hrs: 12.00 GPA-Hrs:	INTAL PSYCHOLOGY CHOLOGY ADMINISTRATION TY PSYCHOLOGY IVES TO INCARCERATIO	3.00 W 3.00 B 3.00 C 3.00 W 3.00 C N 3.00 A	0.00 9.00 6.00 0.00 6.00 12.00

\*\*\*\*\*PAGE 3 OF 4\*\*\*\*\*

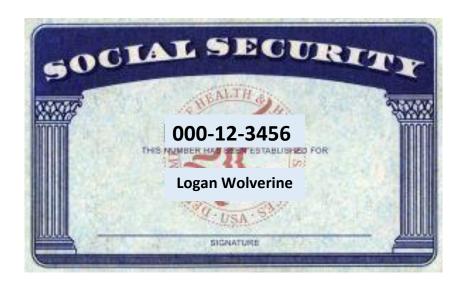


# Sections 552.102, 552.130, and 552.137

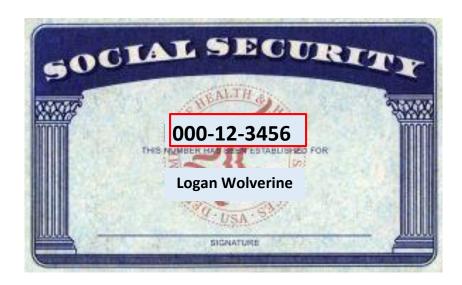
## PIA Pro Knows

- Section 552.102 of the Government Code
  - Right of access pursuant to section 552.023
  - Deceased individual's information is not protected
- Section 552.130 of the Government Code
  - Right of access pursuant to section 552.023
  - Deceased individual's information is not protected
  - May redact pursuant to section 552.130(c)
- Section 552.137 of the Government Code
  - Right of access pursuant to section 552.137(b)
  - Deceased individual's information not protected
  - May redact pursuant to Open Records Decision No. 684 (2009)
  - Does not apply to private e-mail addresses of government officials who use their private e-mail addresses to conduct official government business





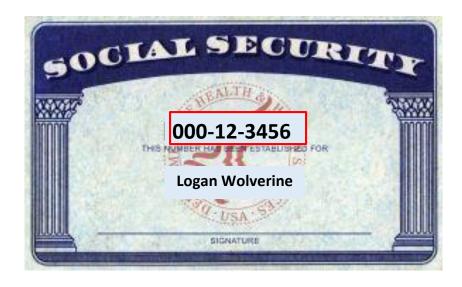




552.117(a)(2)



552.130



552.117(a)(2)

## FINGERPRINT AUTHORIZATION FORM

Applicant Last Name: Wolverine Applicant First Name: Logan

Sex: M Date of Birth: March 4, 1952 Height: 5'8" Weight: 220 lbs.

Hair Color: Black Eye Color: Blue, Yellow Place of Birth: Cold Lake, Alberta, Canada

Home Address: 2901 Adamantium Drive, Austin, Texas 78701

Signature: Date: 8/31/16





L. Thumb



R. Index



L. Index



R. Middle



L. Middle



R. Ring



L. Ring



R. Little



L. Little



## **FINGERPRINT AUTHORIZATION FORM**

Applicant Last Name: Wolverine Applicant First Name: Logan

Sex: M Date of Birth: March 4, 1952 Height: 5'8" Weight: 220 lbs.

Hair Color: Black Eye Color: Blue, Yellow Place of Birth: Cold Lake, Alberta, Canada

Home Address: 2901 Adamantium Drive, Austin, Texas 78701

Signature: Date: 8/31/16

R. Index

R. Thumb



R. Middle



R. Ring



R. Little

L. Thumb



L. Index



L. Middle

L. Ring



L. Little



552.102(a)

## FINGERPRINT AUTHORIZATION FORM

Applicant Last Name: Wolverine Applicant First Name: Logan

Date of Birth: March 4, 1952 Height: 5'8" Sex: M Weight: 220 lbs.

Hair Color: Black Eye Color: Blue, Yellow Place of Birth: Cold Lake, Alberta, Canada

Home Address: 2901 Adamantium Drive, Austin, Texas 78701

Signature: Date: 8/31/16

R. Thumb



L. Thumb



R. Index



L. Index



R. Middle



L. Middle



R. Ring



L. Ring



R. Little



L. Little



# **Section 552.101 and Section 560.003**

## Section 560.003 of the Government Code

- Protects biometric identifiers
- Individual has a right of access to his or her own biometric identifier
- Biometric identifier of a deceased individual may not be withheld

# 552.102(a)

### FINGERPRINT AUTHORIZATION FORM

Applicant Last Name: Wolverine

Applicant First Name: Logan

Sex: M

Date of Birth: March 4, 1952 Height: 5'8"

Weight: 220 lbs.

Hair Color: Black

Eye Color: Blue, Yellow

Place of Birth: Cold Lake, Alberta, Canada

Home Address: 2901 Adamantium Drive, Austin, Texas 78701

Signature:

Date: 8/31/16

552.101 and 560.003

R. Thumb R. Index R. Middle R. Ring R. Little L. Thumb L. Index L. Middle L. Little L. Ring

# **Section 552.101 and Section 1703.306**

## **Section 1703.306 of the Occupations Code**

Protects information acquired from a polygraph examination

### X-CORP POLYGRAPHS

#### info@x-corp.com

Name: Logan H. Wolverine SSN: <u>000-12-3456</u> Date: <u>September 14, 2016</u>

Address: 2901 Adamantium Drive, Marvel, Texas 78701

#### **Preliminary facts:**

Logan Wolverine was accused of assault by the plaintiff, Scott Cyclops. The plaintiff stated he was going to 7-Eleven to get a birthday cake flavored Slurpee for his girlfriend, Jean Grey, when he bumped into Logan Wolverine. Wolverine informed the plaintiff he was also going to 7-Eleven to get a Slurpee for Jean. Once inside the store, they both rushed to the Slurpee machine. Plaintiff stated he beat Wolverine to the machine. The store attendant looked at both of them and exclaimed, "everybody has been getting that flavor today, so that's probably the last one for the day." The plaintiff then heard Wolverine mutter, "you may have gotten the girl, but you're not getting the last birthday cake Slurpee." The last thing the plaintiff remembers is feeling a strong blow to the back of his head. Wolverine denies the allegations and has agreed to take a polygraph examination to prove his innocence.

### **Preliminary Questions:**

Is your name Logan Wolverine?	Yes.
Do you currently work for the Marvel Police Department?	Yes.
Does 2 + 2 = 5?	No.

### **Questions?**

Did you go to 7/11 to get a Slurpee Friday afternoon?	Yes.
Is birthday cake your favorite Slurpee flavor?	No.
Did you hit Scott Cyclops at the 7/11?	No.
Are you in love with Jean Grey?	No.
Are you telling the truth?	Yes.

### **Examination Results:**

Deception indicated. The test showed Wolverine was NOT truthful in his answers.

### X-CORP POLYGRAPHS

#### info@x-corp.com

Withhold page 552.101 and 1703.306 Occ. Code

Name: Logan H. Wolverine SSN: <u>000-12-3456</u> Date: <u>September 14, 2016</u>

Address: 2901 Adamantium Drive, Marvel, Texas 78701

#### **Preliminary facts:**

Logan Wolverine was accused of assault by the plaintiff, Scott Cyclops. The plaintiff stated he was going to 7-Eleven to get a birthday cake flavored Slurpee for his girlfriend, Jean Grey, when he bumped into Logan Wolverine. Wolverine informed the plaintiff he was also going to 7-Eleven to get a Slurpee for Jean. Once inside the store, they both rushed to the Slurpee machine. Plaintiff stated he beat Wolverine to the machine. The store attendant looked at both of them and exclaimed, "everybody has been getting that flavor today, so that's probably the last one for the day." The plaintiff then heard Wolverine mutter, "you may have gotten the girl, but you're not getting the last birthday cake Slurpee." The last thing the plaintiff remembers is feeling a strong blow to the back of his head. Wolverine denies the allegations and has agreed to take a polygraph examination to prove his innocence.

### **Preliminary Questions:**

Is your name Logan Wolverine?	Yes.
Do you currently work for the Marvel Police Department?	Yes.
Does 2 + 2 = 5?	No.

### **Questions?**

Did you go to 7/11 to get a Slurpee Friday afternoon?	Yes.
Is birthday cake your favorite Slurpee flavor?	No.
Did you hit Scott Cyclops at the 7/11?	No.
Are you in love with Jean Grey?	No.
Are you telling the truth?	Yes.

### **Examination Results:**

Deception indicated. The test showed Wolverine was NOT truthful in his answers.

Signature of Examiner: **Emma Prost** 

6330 E. Highway 290, STE. 200 Austin, Texas 78723-1035, Phone (512) 936-7700 http://www.toole.texas.gov

#### APPOINTMENT APPLICATION (L-1)

Commission Rules 217.1, 217.3, 217.7, 225.1, 223.2, 225.3
Non-refundable \$35 fee for processing paper form. Money order, agency or cashier's check. (5541)

			N 1 - APPLICA							
		•••	•			ointment) §217				
☐ Peace Officer or County Corrections ☐ Unlicensed Elected / Appointed official (PO training incomplete, skip to sec 2)										
Agency must submit Fingerprint Applicant Services of Texas (FAST). Agency must retain copy of L-1, original L-2 & L-3 form, (or copy from academy), all DD214s (if applicable), proof of education, certified documents from the appropriate authority showing the final disposition of each arrest, probation, community supervision, conviction or other criminal history, along with FAST returns from DPS showing record checks through FBI and DPS.  (Applicant must sign page 2, section I)										
Already Licensed §217.7										
Check one: (Applicant must sign page 2, section II)										
☑ License holder with a "180 day break or less in service:" Agency retains copy of L-1 and F-5R response.										
License holder with more than a "180 day break in service:" Agency must retain copy of L-1, new L-2, L-3, FAST returns from DPS showing record checks through FBI and DPS per §217.7, weapons qualifications, if required, according to §218.9 within the last 12 months.  Date of L-2 L-3										
			SECTION 2 - A	PPLICANT						
1. TCOLE PID	2. Last Na	me VERINE			3. First Name LOGAN			. м.і. Н	5. Suffix (Jr., etc.)	
Required	WOL	VERINE			LUGAN			-		
6. Race / Ethnicity  ☐ American Indian or Alaskan Native ☐ Asian ☐ Black ☐ Hispanic ☐ Multicultural ☑ White    7. Date of Birth   03/04/1952										
8. Gender						ducatio				
	⊠ Male							GED M High School		
12. Home Malling Address 13. City 14. State 15. Zip Code 16. Primary Phone Number 2901 ADAMANTIUM DRIVE MARVEL TX 78701 (512) 555-2234										
SECTION 3 - APPOINTMENT INFORMATION  17. Date Appointed										
17. Date Appointed				•	or Annoinfed)	☐ Chief of Police	Па	tv March	al	
	☐ Fire	Marshal 🛛 P	eace Officer 🔲	County Jaller	Reserve	Officer (licensed re	_	•		
19. Peace Officer Pay		•								
						um wage, eligible fo		•	l	
_			nours and paid at ed in 1701.001: S			ge, eligible for bene Water District	em <b>a</b>		l	
_		t do not fit into ab		nerill, constal	ac, munuparu	THAC DISCILL			l	
20. Retired State Office	er I			ntract Jailer (5	120)	dical Facility Police	Officer (	5125)		
22. TCOLE Agency	Number		ting Agency ARVEL P	OLICE	FPART	MENT	24. P	hone N	umber	
certify that I am the chic certify that this agency h he minimum standards t	as on file and	or of the above-n d readily accessib	amed agency, or le to the Commis	the person de	signated by the	chief administrator				
Elizabeth Psyl	ocke					Elizabeth P	sylock	e		
Name and Title of Chi	lef Administra	tor or Designee (	Type or Print)	Sv	vom to and subs	Signature of Chief scribed before me, t		trator or i	Designee	
Notary public in and fo		exas cpires 10/31/2017				Warren	Archa	angel		
							d Name o			

6330 E. Highway 290, STE. 200 Austin, Texas 78723-1035, Phone (512) 936-7700

#### APPOINTMENT APPLICATION (L-1)

Commission Rules 217.1, 217.3, 217.7, 225.1, 223.2, 225.3

Non-refundable \$35 fee for processing paper form. Money order, agency or cashier's check. (5541)

SECTION 1 - APPLICANT LICENSE STATUS. (5541)

New Applicant (never licensed for this type of appointment) §217.1											
☑ Peace Officer or County Corrections ☐ Unlicensed Elected / Appointed official (PO training incomplete, skip to sec 2)											
Agency must submit Fingerprint Applicant Services of Texas (FAST). Agency must retain copy of L-1, original L-2 & L-3 form, (or copy from academy), all DD214s (if applicable), proof of education, certified documents from the appropriate authority showing the final disposition of each arrest, probation, community supervision, conviction or other criminal history, along with FAST returns from DPS showing record checks through FBI and DPS.  (Applicant must sign page 2, section I)											
			Alread	ly Licensed	§21	7.7					
Check one: (Applicant must sign page 2, section II)											
∐ License holder	<ul> <li>☑ License holder with a "180 day break or less in service:" Agency retains copy of L-1 and F-5R response.</li> </ul>										
License holder with more than a "180 day break in service:" Agency must retain copy of L-1, new L-2, L-3, FAST returns from DPS											
showing record che Date of L-2	ecks through	FBI and DPS per	§217.7, weapor	ns qualifications	if re	quired, accord	ing to §218.9 wit	hin the I	ast 12 mo	onths.	
			SECTION 2 -	APPLICANT I							
1. TCOLE PID	2. Last Na					Irst Name			. M.I.	5. Suffix (Jr., etc.)	
Required	WOL	/ERINE			L	OGAN			1	<i>'</i>	
6. Race / Ethnicity  American India	n or Alack	an Nativo 🗆	Acian D.B.	lack 🗆 Wise	2010	□ Multis	ultural M.W	hito		of Birth 04/1952	
☐ American india	II UI AIASK	an Native 🗆	Abiaii 🗆 Di	іаск 🗆 півр	anic	Multic	ultural M W	mite	03/	04/1932	
8. Gender		9. US Citizen		10. Driver					ducatio		
Male		ĭ Yes ☐	No	State:	le: TEXAS ☐ GED ☑ High School				ligh School		
12. Home Mailing Appl	ress		13. City	Num.: 12	34	14. State	15. ZIP Code	16	enmary e	none num er	
2901 ADAMA			MARVE			TX	78701		_	5-2234	
17. Date Appointed	18 License	/ Appointment Ty	ECTION 3 - A		INI	ORMATION					
17. Date reposited		(Elected or Appol			or An	pointed) $\square$	Chief of Police	ПС	tv Marsha	a	
	_	Marshal 🗵 P	. —			–		_	•		
19. Peace Officer Pay	Status: (as de	efined by Governr	ment Code 614.1	121) (CHECK O	NLY	ONE)					
▼ Full Time ·	- Regularly w	ork 32 hours a we	eek or more and	paid at or abov	efede	erai minimum (	wage, eligible for	benefit	5		
		ork less than 32 l				-	-	Its			
_		agencies identifi		Sheriff, Constat	ie, M	lunicipal or Wa	ater District				
		t do not fit into ab	ove categories								
20. Retired State Office  Yes No.	21. <b>\$</b> 1	100.00 Fee Req	uired 🗆 Co	ontract Jailer (5	120)	☐ Medica	Facility Police C	officer (	5125)		
22. TCOLE Agency	Number		ting Agency IARVEL F	POLICE	)FF	PARTME	NT	24. P	hone N	umber	
certify that I am the chie	ef administrat							sign th	is docum	ent. I further	
ertify that this agency h he minimum standards f				ssion the appro	priate	documents to	o show that the a	above-na	amed indi	vidual meets	
Elizabeth Psyl	ocke					٤	lizabeth P	ylock	e		
Name and Title of Chi	lef Administra	tor or Designee (	Type or Print)				gnature of Chief		trator or D	Designee	
				Sw	om t	o and subscrib	ed before me, th	is day			
Notary public in and fo											
My commission expires 1031/2017 Warren Archangel											
Printed Name of Notary											

552.117(a)(2)

6330 E. Highway 290, STE. 200 Austin, Texas 78723-1035, Phone (512) 936-7700

#### APPOINTMENT APPLICATION (L-1)

Commission Rules 217.1, 217.3, 217.7, 225.1, 223.2, 225.3

Non-refundable \$35 fee for processing paper form. Money order, agency or cashier's check. (5541)

SECTION 1 - APPLICANT LICENSE STATUS. (5541)

New Applicant (never licensed for this type of appointment) §217.1										
☑ Peace Officer or County Corrections ☐ Unlicensed Elected / Appointed official (PO training incomplete, skip to sec 2)										
Agency must submit Fingerprint Applicant Services of Texas (FAST). Agency must retain copy of L-1, original L-2 & L-3 form, (or copy from academy), all DD214s (if applicable), proof of education, certified documents from the appropriate authority showing the final disposition of each arrest, probation, community supervision, conviction or other criminal history, along with FAST returns from DPS showing record checks through FBI and DPS.  (Applicant must sign page 2, section I)										
			Already	Licensed	621	7.7				
Already Licensed §217.7 Check one: (Applicant must sign page 2, section II)										
License holder with more than a "180 day break in service:" Agency must retain copy of L-1, new L-2, L-3, FAST returns from DPS										
showing record che Date of L-2	showing record checks through FBI and DPS per §217.7, weapons qualifications, if required, according to §218.9 within the last 12 months.									
			SECTION 2 - A	PPLICANT I						
1. TCOLE PID	2. Last Na					Irst Name			4. M.I.	5. Suffix (Jr., etc.)
Required	WOL	/ERINE			L	OGAN			H	*
6. Race / Ethnicity							untinoni - El II			of Birth 04/1952
American India	n or Alask	an Native 📋	Asian 🗆 Bia	ick L Hisp	anic	Multic	ultural 🗵 w	rnite	03/1	J4/1952
8. Gender		9. US Citizen		10. Driver				11. E	ducatio	n
Male		⊠ Yes □	No	State:						igh School
12. Home Mailing Add			13. City	Num.: 12	.34	14. State	15. ZIP Code	L.,	- Commence of the Commence of	none num er
2901 ADAMA			MARVEL			TX	78701			5-2234
SECTION 3 - APPOINTMENT INFORMATION  17. Date Appointed										
17. Date / ppointed			Inted) Const		r An	pointed) $\square$	Chief of Police	ПО	ity Marsha	
	_		eace Officer			–		_	•	
19. Peace Officer Pay	Status: (as de	efined by Governr	ment Code 614.12	1) (CHECK O	NLY	ONE)				
▼ Full Time	- Regularly w	ork 32 hours a we	eek or more and p	ald at or above	fede	eral minimum (	wage, eligible for	benefi	5	- 1
_			hours and paid at			-	-	fits		- 1
_		-	ed in 1701.001: Si	heriff, Constab	ie, M	lunicipal or Wa	ater District			- 1
		t do not fit into ab	ove categories							
20. Retired State Office  Yes No.	21. <b>\$</b> 1	100.00 Fee Req	juired 🗌 Cor	ntract Jaller (51	120)	☐ Medica	Facility Police (	Officer (	(5125)	
22. TCOLE Agency	Number	23. Appoin	ting Agency					24. F	hone N	ımber
,			IARVEL PO	OLICE D	)EF	PARTME	NT			
certify that I am the chie										
ertify that this agency h he minimum standards f				sion the appro	pnate	e documents t	o snow that the a	above-n	iamed indi	vidual meets
Elizabeth Psylo	ocke					٤	elizabeth P	rylock	ie	
Name and Title of Chi	ef Administra	itor or Designee (	Type or Print)			SI	gnature of Chief.	Adminis	strator or D	esignee
				Sw	om t	o and subscrib	ed before me, th	nis day		
Notary public in and fo										
My co	mmission ex	pires 10/31/2017					Warren A	Arch:	angel	
							Printed	Name	of Notary	

552.117(a)(2)

552.102

6330 E. Highway 290, STE. 200 Austin, Texas 78723-1035, Phone (512) 936-7700

#### APPOINTMENT APPLICATION (L-1)

Commission Rules 217.1, 217.3, 217.7, 225.1, 223.2, 225.3

Non-refundable \$35 fee for processing paper form. Money order, agency or cashier's check. (5541)

SECTION 1 - APPLICANT LICENSE STATUS. (5541)

Peace Officer or County Corrections	New Applicant (never licensed for this type of appointment) §217.1										
DD214g (if applicable), prior of education, certified documents from the appropriate authority showing the final disposition of each arried, procured community supervision, conviction or other criminal history, along with PSAT returns from DPS showing record checks through FBI and DPS.  (Applicant must sign page 2, section II)    License holder with a "180 day break or less in service." Agency retains copy of L-1 and F-SR response.   License holder with more than a "180 day break in service." Agency retains copy of L-1 and F-SR response.   License holder with more than a "180 day break in service." Agency must retain copy of L-1, new L-2, L-3, FAST returns from DPS showing record checks through FBI and DPS per §217.7, weapons qualifications, if required, according to §218.9 within the last 12 months.    SECTION 2 - APPLICANT INFORMATION	☑ Peace Officer or County Corrections ☐ Unlicensed Elected / Appointed official (PO training incomplete, skip to sec 2)										
Check one: (Applicant must sign page 2, section II)  License holder with a "180 day break or less in service:" Agency retains copy of L-1 and F-SR response.  License holder with more than a "180 day break in service:" Agency must retain copy of L-1, new L-2, L-3, FAST returns from DPS showing record checks through F8I and DPS per §217.7, weapons qualifications, if required, according to §218.9 within the last 12 months.  SECTION 2 - APPLICANT INFORMATION  1. TOOLE PID  2. Last Name  WOLVERINE  SECTION 2 - APPLICANT INFORMATION  1. TOOLE PID  2. Last Name  WOLVERINE  3. First Name  LOGAN  4. M.I. S. Suffix (Jr., etc.)  FREQUERINE  9. US Citizen  9. US Citizen  10. Driverio-License  11. Education  GED Ø High School Num.: 12345678  12. Horner Malaring Abortess  13. July  14. State: TEXAS  Num.: 12345678  14. State: TEXAS  Num.: 12345678  15. July Code  16. Primary Prione Number  MARVEL  7. Bate Appointed  18. License / Appointment Type: (CHECK ONLY ONE)  Section 3 - APPOINTMENT INFORMATION  19. Peace Officer Pay Status: (as defined by Government Code 614.121) (CHECK ONLY ONE)  Full Time - Regularly work 32 hours a week or more and paid at or above federal minimum wage, eligible for benefits  Flatt Time - Regularly work 12 hours a week or more and paid at or above federal minimum wage, eligible for benefits  Reserve - Restricted to agencies identified in 1701.001: Sherff, Constable, Murricipal or Water District  Other - Appointers that do not fit into above categories  20. Retired State Officer  11. \$\frac{1}{2}\$ Appointment Agency  Notary public in and for, State of Texas  My commission expires 1031/2017  Warren Archangel	DD214s (if applicable), proof of education, certified documents from the appropriate authority showing the final disposition of each arrest, probation, community supervision, conviction or other criminal history, along with FAST returns from DPS showing record checks through FBI and DPS.										
ELicense holder with a "180 day break or less in service:" Agency retains copy of L-1 and F-SR response.  □ License holder with more than a "180 day break in service:" Agency must retain copy of L-1, new L-2, L-3, FAST returns from DPS showing record checks through FBI and DPS per §217.7, weapons qualifications, if required, according to §218.9 within the last 12 months. Date of L-2    L-3				Already	Licens	ed §2	17.7				
License holder with more than a "180 day break in service:" Agency must retain copy of L-1, new L-2, L-3, FAST returns from DPS showing record checks through FBI and DPS per §217.7, weapons qualifications, if required, according to §218.9 within the last 12 months. Date of L-2    L-3	,										
SECTION 2 - APPLICANT INFORMATION  1. TOOLE PID  2. Last Name  WOLVERINE  SECTION 2 - APPLICANT INFORMATION  3. First Name  LOGAN  H. D. S. Suffix (Jr., established)  4. M.I. S. Suffix (Jr., established)  6. Race / Ethnicity  American Indian or Alaskan Native   Asian   Black   Hispanic   Multicultural   White   03/04/1952    8. Gender  Make   Female   9. US Citizen   10. Driver's-License-  Make   Female   9. US Citizen   10. Driver's-License-  Make   Female   11. Education   GED   High School    Num.: 12345678   13. City   14. State   TEXAS   15. Zip Code   16. Printary Phone Number   17. Date Appointed   18. License / Appointment Type: (CHECK ONLY ONE)   18. State   18. Zip Code   19. Printary Phone Number   19. Peace Officer Pay Status: (as defined by Government Code 614.121) (CHECK ONLY ONE)   19. Peace Officer Pay Status: (as defined by Government Code 614.121) (CHECK ONLY ONE)   19. Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Reg											
SECTION 2 - APPLICANT INFORMATION   1. TOOLE PID   2. Last Name   WOLVERINE   3. First Name   LOGAN   H   etc.)   etc.)   etc.)   etc.)   1. TOOLE PID   2. Last Name   WOLVERINE   3. First Name   LOGAN   H   etc.)   etc.)   etc.)   etc.)   etc.)   etc.   etc.)   etc.   etc.)   etc.   etc.)   etc.   etc.)   etc.   etc.   etc.)   etc.											
3. First Name   4. M.1.   5. Suffix (i.r. etc.)		ecks through		§217.7, weapons	qualificat	ions, if	required, accord	Ing to §218.9 wit	hin the la	sst 12 mo	inths.
Required   WOLVERINE   LOGAN   H   etc.				SECTION 2 - A	PPLICA	NT IN	ORMATION				
Committee   Comm	1. TCOLE PID									_	
American Indian or Alaskan Native		WOL	/EKINE				LOGAN			•	*
8. Gender   Substance   Substance   Substance   Substance   State   St							an Daniel	entherent - ED 10			
State:   TEXAS     GED   High school	□ American Indian or Alaskan Native □ Asian □ Black □ Hispanic □ Multicultural ☑ White □ 03/04/1952										
12. Home Mailing Address   13. City   14. State   15. Zip Code   16. Primary Priorie Num er   78701   (512) 555-2234	8. Gender		9. US Citizen					٦	11. E	ducatio	n
2901 ADAMANTIUM DRIVE  SECTION 3 - APPOINTMENT INFORMATION  18. License / Appointment Type: (CHECK ONLY ONE)   Sherfff (Elected or Appointment Type: (CHECK ONLY ONE)   Fire Marshal   Peace Officer   County Jailer   Reserve Officer (Ilcensed reserve or conditional only)  19. Peace Officer Pay Status: (as defined by Government Code 614.121) (CHECK ONLY ONE)   Full Time - Regularly work 32 hours a week or more and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work less than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work less than 32 hours and paid at or above federal minimum wage, eligible for benefits   Other - Appointment to a dentified in 1701.001: Sherfff, Constable, Municipal or Water District   Other - Appointment to not fit into above categories  20. Retired State Officer   21. \$100.00 Fee Required   Contract Jailer (5120)   Medical Facility Police Officer (5125)  21. \$100.00 Fee Required   Contract Jailer (5120)   Medical Facility Police Officer (5125)  22. TCOLE Agency Number   23. Appointing Agency   MARVEL POLICE DEPARTMENT   24. Phone Number   MARVEL POLICE DEPARTMENT   25. Paylocke   Signature of Chief Administrator or Designee   Sworm to and subscribed before me, this day   Notary public in and for, State of Texas   My commission expires 10/31/2017   Warren Archangel	Male		⊠ Yes □	No					☐ GE	D 🛛 H	ligh School
17. Date Appointed   18. License / Appointment Type: (CHECK ONLY ONE)   18. License / Appointment Type: (CHECK ONLY ONE)   19. Peace Office (Piected or Appointed)   Constable (Elected or Appointed)   Chief of Police   City Marshal   Peace Officer   County Jalier   Reserve Officer (licensed reserve or conditional only)     19. Peace Officer Pay Statis: (as defined by Government Code 614.121) (CHECK ONLY ONE)   Full Time - Regularly work 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work less than 32 hours and paid at or above federal minimum wage, eligible for benefits   Reserve - Restricted to agencies identified in 1701.001: Sherlif, Constable, Municipal or Water District   Other - Appointees that do not fit into above categories     20. Retired State Officer   Yes   No.   21. \$100.00 Fee Required   Contract Jalier (5120)   Medical Facility Police Officer (5125)     21. \$100.00 Fee Required   Contract Jalier (5120)   Medical Facility Police Officer (5125)     24. Phone Number   MARVEL POLICE DEPARTMENT   MARVEL POLICE DEPARTMENT     24. Phone Number   MARVEL POLICE DEPARTMENT   State of Texas   My commission expires   10/31/2017   Sworm to and subscribed before me, this day   Notary public in and for, State of Texas   My commission expires   10/31/2017   Warren Archangel   Warren Archangel   Warren Archangel   Warren Archangel	12 Home Malling and	BCC.		15 (10)	Num.:	123		5 (01.009	1.16	ummary s	one sum of
18. License / Appointment Type: (CHECK ONLY ONE)   Sheriff (Elected or Appointed)   Constable (Elected or Appointed)   Chief of Police   City Marshal   Pire Marshal   Peace Officer   County Jalier   Reserve Officer (Ilcensed reserve or conditional only)				MARVEL			TX	78701		. <i></i>	
Sheriff (Elected or Appointed)   Constable (Elected or Appointed)   Chief of Police   City Marshal   Peace Officer   County Jalier   Reserve Officer (Ilcensed reserve or conditional only)  19. Peace Officer Pay Status: (as defined by Government Code 614.121) (CHECK ONLY ONE)   Full Time - Regularly work 32 hours a week or more and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work ises than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work is show that the above-nefits   Part Time - Regularly work is and part Time - Regularly work is show that the above-named individual meets   Part Time - Regularly Police Officer (5125)   Part Time - Regularly Police Officer (5125)   Part Time - Regularly Police Officer (5125)   Part Time - Regularly work is an above-named agency, or the person designated by the chief administrator to sign this document. I further entity that his agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets entity that his agency has on file and											
Fire Marshal   Peace Officer   County Jaller   Reserve Officer (licensed reserve or conditional only)   Peace Officer Pay Status: (as defined by Government Code 614.121) (CHECK ONLY ONE)   Full Time - Regularly work 32 hours a week or more and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work less than 32 hours and paid at or above federal minimum wage, eligible for benefits   Part Time - Regularly work less than 32 hours and paid at or above federal minimum wage, eligible for benefits   Reserve - Restricted to agencies identified in 1701.001: Sheriff, Constable, Municipal or Water District   Other - Appointees that do not fit into above categories   Other - Appointees that do not fit into above categories   20. Retired State Officer   21. \$100.00 Fee Required   Contract Jaller (5120)   Medical Facility Police Officer (5125)   22. TCOLE Agency Number   23. Appointing Agency   MARVEL POLICE DEPARTMENT   24. Phone Number   MARVEL POLICE DEPARTMENT   24. Phone Number   MARVEL POLICE DEPARTMENT   25. Phone Number   MARVEL POLICE DEPARTMENT   25. Phone Number   26. Phone Number   26. Phone Number   27. Phone Number   28. Phone Number	17. Date / ppointed					ded or A	Appointed)	Chief of Police	Па	ly Marsha	
Full Time - Regularly work 32 hours a week or more and paid at or above federal minimum wage, eligible for benefits    Part Time - Regularly work less than 32 hours and paid at or above federal minimum wage, eligible for benefits   Reserve - Restricted to agencies identified in 1701.001: Sheriff, Constable, Municipal or Water District   Other - Appointees that do not fit into above categories   Other - Appointees that do not fit into above categories   20. Retired State Officer		_		. —	•		–		_	•	
Part Time - Regularly work less than 32 hours and paid at or above federal minimum wage, eligible for benefits   Reserve - Restricted to agencies identified in 1701.001: Sheriff, Constable, Municipal or Water District   Other - Appointees that do not fit into above categories   20. Retired State Officer   Yes   No.   21. \$100.00 Fee Required   Contract Jailier (5120)   Medical Facility Police Officer (5125)   22. TCOLE Agency Number   23. Appointing Agency   MARVEL POLICE DEPARTMENT   24. Phone Number   MARVEL POLICE DEPARTMENT   Oertify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document. I further entity that this agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets we minimum standards for licensing and/or appointment.  Elizabeth Psylocke  Name and Title of Chief Administrator or Designee (Type or Print)   Signature of Chief Administrator or Designee   Sworn to and subscribed before me, this day  Notary public in and for, State of Texas   My commission expires   10/31/2017   Warren Archangel	19. Peace Officer Pay	Status: (as de	efined by Governr	ment Code 614.12	H) (CHEC	K ONL	Y ONE)				
Reserve – Restricted to agencies Identified in 1701.001: Sheriff, Constable, Municipal or Water District  Other – Appointees that do not fit into above categories  20. Retired State Officer  Yes No.  21. \$100.00 Fee Required Contract Jaller (5120) Medical Facility Police Officer (5125)  22. TCOLE Agency Number  23. Appointing Agency  MARVEL POLICE DEPARTMENT  certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document. I further entity that this agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets he minimum standards for licensing and/or appointment.  Elizabeth Psylocke  Name and Title of Chief Administrator or Designee (Type or Print)  Signature of Chief Administrator or Designee  Sworn to and subscribed before me, this day  Notary public in and for, State of Texas My commission expires 10/31/2017  Warren Archangel	Tull Time	Regularly w	ork 32 hours a we	eek or more and p	ald at or a	bove fe	ederal minimum	wage, eligible fo	benefits	i	
Other - Appointees that do not fit into above categories  20. Retired State Officer   Yes   No.   21. \$100.00 Fee Required   Contract Jaller (5120)   Medical Facility Police Officer (5125)    22. TCOLE Agency Number   23. Appointing Agency MARVEL POLICE DEPARTMENT   24. Phone Number   MARVEL POLICE DEPARTMENT   24. Phone Number   MARVEL POLICE DEPARTMENT   25. Phone Number   MARVEL POLICE DEPARTMENT   26. Phone Number   26. Phone Num	_						-	-	fits		
20. Retired State Officer   Yes   No.   21. \$100.00 Fee Required   Contract Jaller (5120)   Medical Facility Police Officer (5125)    22. TCOLE Agency Number   23. Appointing Agency   MARVEL POLICE DEPARTMENT   24. Phone Number   MARVEL POLICE DEPARTMENT    certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document. I further entity that this agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets eminimum standards for licensing and/or appointment.  Elizabeth Psylocke  Name and Title of Chief Administrator or Designee (Type or Print)   Signature of Chief Administrator or Designee    Sworm to and subscribed before me, this day  Notary public in and for, State of Texas   My commission expires   10/31/2017   Warren Archangel	_		-		heriff, Cor	nstable,	Municipal or Wa	ater District			
21. \$100.00 Fee Required Contract Jaller (5120) Medical Facility Police Officer (5125)  22. TCOLE Agency Number  23. Appointing Agency MARVEL POLICE DEPARTMENT  certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document. I further entity that this agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets be minimum standards for licensing and/or appointment.  Elizabeth Psylocke  Name and Title of Chief Administrator or Designee (Type or Print)  Signature of Chief Administrator or Designee  Sworm to and subscribed before me, this day  Notary public in and for, State of Texas My commission expires 10/31/2017  Warren Archangel		-	t do not fit into ab	ove categories							
MARVEL POLICE DEPARTMENT  certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document. I further entity that this agency has on the and readily accessible to the Commission the appropriate documents to show that the above-named individual meets eminimum standards for licensing and/or appointment.  Elizabeth Psylocke  Name and Title of Chief Administrator or Designee (Type or Print)  Signature of Chief Administrator or Designee  Sworm to and subscribed before me, this day  Notary public in and for, State of Texas My commission expires 10/31/2017  Warren Archangel		21. \$1	100.00 Fee Req	juired 🗆 Cor	ntract Jalle	er (5120	0) 🗌 Medica	Facility Police (	Officer (5	125)	
certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document. I further entity that this agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets be minimum standards for licensing and/or appointment.  Elizabeth Psylocke  Name and Title of Chief Administrator or Designee (Type or Print)  Signature of Chief Administrator or Designee  Sworn to and subscribed before me, this day  Notary public in and for, State of Texas  My commission expires 10/31/2017  Warren Archangel	22. TCOLE Agency I	Number	23. Appoin	ting Agency					24. P	hone N	umber
entify that this agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets the minimum standards for licensing and/or appointment.  Elizabeth Psylocke  Name and Title of Chief Administrator or Designee (Type or Print)  Signature of Chief Administrator or Designee  Sworn to and subscribed before me, this day  Notary public in and for, State of Texas  My commission expires 10/31/2017  Warren Archangel			M	IARVEL P	OLICE	E DE	PARTME	NT			
Elizabeth Psylocke  Name and Title of Chief Administrator or Designee (Type or Print)  Notary public in and for, State of Texas  My commission expires 10/31/2017  Elizabeth Psylocke Signature of Chief Administrator or Designee Sworm to and subscribed before me, this day  Warren Archangel											
Name and Title of Chief Administrator or Designee (Type or Print) Signature of Chief Administrator or Designee Sworn to and subscribed before me, this day  Notary public in and for, State of Texas My commission expires 10/31/2017 Warren Archangel					sion uie a	рргорп	ale documento o	o orlow that the	above 118	illea illa	vidual fileeto
Notary public in and for, State of Texas My commission expires 10/31/2017  Sworn to and subscribed before me, this day  Warren Archangel	Elizabeth Psylo	ocke					٤	lizabeth P	rylocki		
Notary public in and for, State of Texas My commission expires 10/31/2017 Warren Archangel	Name and Title of Chi	ef Administra	itor or Designee (	Type or Print)						rator or D	)esignee
My commission expires 10/31/2017 Warren Archangel						Swon	n to and subscrib	ed before me, th	is day		
waiten Archanger											
Printed Name of Notary	My co	mmission ex	pires 10/31/2017								
								Printed	Name o	f Notary	

552.117(a)(2)

552.102

552.130



## Section 552.101 and Section 1701.306

## **Section 1701.306 of the Occupations Code**

- L-2 Declaration of Medical Condition form
- ▶ L-3 Declaration of Psychological and Emotional Health form

## PIA Pro Knows

Open Records Decision No. 684 (2009) authorizes governmental bodies to withhold L-2 and L-3 declarations without requesting a decision from the OAG

6330 E. Highway 290, STE. 200, Austin, Texas 78723-1035

Phone: (512) 936-7700 http://www.toole.texas.gov

## LICENSEE MEDICAL CONDITION DECLARATION (L-2) Commission Rule §217.23, 217.1, 217.7

INDIVIDUAL INFORMATION 1. TCOLE PID 2. Last Name. 4. M.I. | 5. Suffix (Jr., etc.) 3. First Name WOLVERINE LOGAN Н 6. Home Mailing Address 7. Oity 8. State 9. Zip Code 2901 ADAMANTIUM DRIVE MARVEL TEXAS 78701 Is this exam for a student enrolling in an academy? 

Yes 
No If yes, check one Peace Officer County Corrections Telecommunicator (drug screen only) APPOINTMENT( Do not check if student) ☐ Reserve Officer ☐ County Jailer ☐ Telecommunicator 10. Peace Officer DEPARTMENT / ACADEMY INFORMATION 11. TCOLE Number 12. Appointing Agency or Academy 13. Mailing Address MARVEL POLICE DEPARTMENT 333 20th Street 14. City 15. County 16, Zip Code 17 Phone Number MARVEL TRAVIS TEXAS 78701 Attention Examining Professional: The above information must be completed by the requesting agency prior to the examining professional completing and signing this form. New peace officer and county corrections need both exams. Telecommunicators only need drug screen. LICENSES WITH MORE THAN A 180 DAY BREAK IN SERVICE NEED DRUG SCREEN ONLY Check the appropriate box(s) I certify that I have completed my examination of the examinee, on this date and determine the examinee is found: PHYSICAL EXAM - To be physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought. DRUG SCREEN - To show no trace of drug dependency or illegal drug use after a physical examination, blood test or other medical test. Physician ☐ Physician's Assistant ☐ Nurse Practitioner Dr. Moira MacTaggert SC 23447517 Name (type or print) Physicians State License No. (not required for nurse practitioner) 3701 MUIR ISLAND LANE AUSTIN TEXAS 78701 Mailing Address City State Zip (512) 328-9967 Date of Examination(s) Phone Number

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED. MUST BE SIGNED BY A LICENSED PHYSICIAN, NURSE PRACTITIONER, or PHYSICIANS ASSISTANT WITH A VALID PHYSICIANS ID.

Signature

Date

6330 E. Highway 290, STE 200, Austin, Texas 78723-1035 Phone: (512) 936-7700 http://www.tcole.texas.gov

## LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3) Commission Rule 217.01, 217.1, 217.7, 221.35

		INDIVI	DUAL INFORM								
1. TCOLE PID	2. Last Name		3. First		e	4. M.I.	5. Suffix (Jr., e	eto.			
	WOLVERIN	NE	LOGA	١N		H					
6. Home Mailing Address			7. City			B. State	9. Zip Code				
2901 ADAMAN	TIUM DRIVE		MARVEL			TEXAS	78701				
Is this exam for a st	tudent enrolling in	an academy?	☐ Yes ■ No								
If yes, check one	Peace Officer [	County Correc	tions 🔲 Teleco	mmı	inicators 🔲 Sch	ool Marsha	I				
Attention Request performed by a lice approval by the Correquesting agency under exceptional of	msed psycholog mmission, it may t must request prior	ist or a psychia be performed by r approval in wri	itrist except in a a qualified licer	n ex ised	ceptional circums physician. The C	stance who Chief Admi	en, upon prior nistrator of the	etic			
			IENT (Do not che								
10. Peace Office	r 🗌 Reserve 0	Officer 🗆 Co	unty Jailer 🔲	Tele	ecommunicator	☐ School	Marshal				
☐ Juvenile Probation	on Officer   Pu	ublic Security Of	f.								
ACADEMY / DEPARTMENT INFORMATION											
11. TCOLE Number	12. Agency/Acade				13. Mailing Addr						
	MARVEL PO		PARTMENT		333 20th S						
14. City		15. County		1.	6.Zip Code	17. Ph	one Number				
MARVEL		TRAVIS			78701						
Attention Examini performed by a lice approval by the Co approval in writing a acceptable.	ensed psycholog mmission, it may t and must receive	ist or a psychia be performed by specific written a	atrist except in a r a qualified licer approval before	n ex ised an ex	ceptional circums physician. The a xamination under	stance who agency mu exception	en, upon prior st request prior all circumstances				
I am a [ ] Licens examination of the concluded that, on accept the respons	sed Psycholog above named indi this date, the indiv	ri <b>st, [ ] Psyc</b> vidual pursuant vidual <u>IS</u> in satis	hiatrist, and to professionall factory psycholo	l Ice y rec gica	ertify that I have o ognized standard I and emotional h	ompleted a Is and met lealth to pe	a psychological hods. I have				
Examiner: DR. ST	EPHEN VINC	ENT STRA	NGE		NY 025	552341					
Na	me (type or print)				State Li	cense Nu	mber				
Mailing Address: 220	00 SANCTUM	NEW YO	EW YORK NY			0007					
	Street		City		State	Zij	,				
Phone Number: (21)	2) 375-4700	Da	ate of Examination	(s) 1	10/10/2014						
Dr. Stra	anae			,							
Signature	9				Date						

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.

6330 E. Highway 290, STE. 200, Austin, Texas 78723-1035 Phone: (512) 936-7700

http://www.toole.texas.gov

## LICENSEE MEDICAL CONDITION DECLARATION (L-2) Commission Rule §217.23, 217.1, 217.7

INDIVIDUAL INFORMATION 1. TCOLE PID 2. Last Name. 3. First Name 4. M.I. | 5. Suffix (Jr., etc.) WOLVERINE LOGAN 6. Home Mailing Address 7. City 8. State 9. Zip Code 2901 ADAMANTIUM DRIVE MARVEL TEXAS 78701 Is this exam for a student enrolling in an academy? 

Yes 
No If yes, check one Peace Officer County Corrections Telecommunicator (drug screen only) APPOINTMENT( Co not check if student) 10. Peace Officer ☐ Reserve Officer ☐ County Jailer ☐ Telecommunicator DEPARTMENT / ACADEMY INFORMATION 11. TCOLE Number 13. Mailing Address 12. Appointing Agency or Academy MARVEL POLICE DEPARTMENT 333 20th Street 14. City 15, County 16, Zip Code 17 Phone Number MARVEL TRAVIS TEXAS 78701 Attention Examining Professional: The above information must be completed by the requesting agency prior to the examining professional completing and signing this form. New peace officer and county corrections need both exams. Telecommunicators only need drug screen. LICENSEES WITH MORE THAN A 180 DAY BREAK IN SERVICE NEED DRUG SCREEN ONLY Check the appropriate box(s) I certify that I have completed my examination of the examinee, on this date and determine the examinee is found: PHYSICAL EXAM - To be physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought. ■ DRUG SCREEN - To show no trace of drug dependency or illegal drug use after a physical examination, blood test or other medical test. Physician Physician's Assistant ☐ Nurse Practitioner Dr. Moira MacTaggert SC 23447517 Physicians State License No. (not required for nurse practitioner) Name (type or print) AUSTIN 3701 MUIR ISLAND LANE TEXAS Mailing Address Street City State Zip (512) 328-9967 Phone Number Date of Examination(s) Signature Date THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED.

MUST BE SIGNED BY A LICENSED PHYSICIAN, NURSE PRACTITIONER, or PHYSICIANS ASSISTANT WITH A

VALID PHYSICIANS ID

6330 E. Highway 290, STE 200, Austin, Texas 78723-1035 Phone: (512) 936-7700 http://www.tcole.texas.gov

## LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3) Commission Rule 217.01, 217.1, 217.7, 221.35

		INDIV	IDUAL INFORMA									
1. TCOLE PID	2. Last Name	N.E.	3. First Na		4. M.I.	5. Suffix (Jr., etc.)						
	WOLVERI	NE	LOGAN	1	H							
E. Home Mailing Address			7. City		B. State	9. Zip Code						
2901 ADAMAN	HOW DRIVE		MARVEL		TEXAS	78701						
Is this exam for a st	tudent enrolling in	an academy?	☐ Yes 🔳 No.									
If yes, check one  Peace Officer County Corrections Telecommunicators School Marshal												
Attention Requesting Agency: State Law and Commission Rule require that this psychological examination be performed by a licensed psychologist or a psychiatrist except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The Chief Administrator of the requesting agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable												
			MENT (Co not check									
10. ■ Peace Office  □ Juvenile Probation	_			elecommunicator	☐ School	Marshal						
	ACADEMY ( DEPARTMENT INFORMATION											
11. TOOLE Number   12. Agency/Academy Name   13. Mailing Address												
	MARVEL P	OLICE DEF	PARTMENT	333 20th S	TREET							
14. City		15. County		16.Zip Code	17. Ph	one Number						
MARVEL		TRAVIS		78701								
Attention Examini performed by a lice approval by the Co approval in writing a acceptable.	msed psycholog mmission, it may	i <b>st</b> or a <b>psychi</b> a be performed by	atrist except in an y a qualified license	exceptional circums ed physician. The a	stance whe	n, upon prior st request prior						
STATEMENT OF EXAMINER: (Please check the appropriate box and provide the requested information) I am a [ ] Licensed Psychologist, [ ] Psychiatrist, and I certify that I have completed a psychological examination of the above named individual pursuant to professionally recognized standards and methods. I have concluded that, on this date, the individual <u>IS</u> in satisfactory psychological and emotional health to perform the duties, accept the responsibilities and meet the qualifications established by the appointing agency.												
Examner: DR. ST	EPHEN VINC	CENT STRA	NGE	NY 025	552341							
Na	me (type or print)				icense Nu	mber						
Mailing Address: 220	00 SANCTUN	/I DRIVE	NEW YOR	K NY	10	007						
_	Street		City	State	Zip	,						
Phone Number: (21)		Da	ate of Examination(s)	10/10/2014								
Dr. Strange												
Signature	Signature Date											
THIS DECLARATIO	ON IS NOT PUBL	IC INFORMATION	ON AND IS VALID	UNLESS WITHDR	AWN OR I	NVALIDATED, AND						

IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.

## **Section 552.101 and Section 1701.454**

## **Section 1701.454 of the Occupations Code**

- All information submitted to Texas Commission on Law Enforcement (TCOLE) under subchapter J of chapter 1701 of the Occupations Code
- F-5 Separation of Licensee form must be withheld

## PIA Pro Knows

Does <u>not</u> apply when the officer resigned or was terminated due to substantiated incidents of excessive force or violations of the law other than traffic offenses

6330 E. Highway 290, STE. 200, Austin, Texas 78723-1035

Phone: (512) 936-7700 http://www.tcole.texas.gov

#### SEPARATION OF LICENSEE (F-5)

LICENSEE INFORMATION (Occupations Code 1701.452)

N	on-refu	undable \$35 fee	for paper form. M		order, agency or ca	ashier's c	heck. (55	41)		
1. TCOLE PID	2. Las	st Name.		3. F	irst Name		4. M.I.	5. Suffix (Jr.,		
	WO	LVERINE		LO	GAN		H	etc.)		
6. Date of Birth		7 Home or P	ermanent Mailing	Add	race	8. City				
03/04/52			MANTIUM D			MARV	/FI			
9. State	140	D. Zip Code	11. Phone Numb		12. Email	IVII (I C V	LL			
TX	-   "	78701	(512) 555-22		ILOVEJEAN@	NTOLIA	MAIL CO	NA.		
17		70701	(312) 333-22	204	ILOVEJEAN	ğΠΟΤΙν	IAIL.UC	ZIVI		
13. APPOINT										
☑ Peace Offi	cer	☐ County / Cont	tract Jailer 🔲 Te	lecom	municator Med	lical Corp	poration F	0.0.		
☐ Public Security Officer ☐ Reserve Officer (licensed reserve or conditional only										
14. TCOLE Agency Number 15. Appointing Agency										
1	-	"	MAR	<b>VEL</b>	POLICE DEPA	RTME	NT			
		EPARATION: (CI								
		nitted not later tha or separates from t		ss day	after the date the licens	ie holder:				
				se holo	der if the license holder	was termin	ated based	on an allegation of		
miscondu	(2) exhausts all administrative appeals available to the license holder if the license holder was terminated based on an allegation of misconduct. Occupations Code 1701.452.									
17. Date Appointed: 03/02/2016 18. Separation Date: 12/11/2016										
	Disch	arned								
			employment with or	died w	hile employed by a law	enforceme	ent agency v	vhile in good		
standing a	and not l	because of pendin	g or final disciplinary	actions	or a documented perfo	ormance pr	oblem.			
☐ General Di	scharo	ie .								
			igned from, or died w	hile en	nployed by a law enforc	ement age	ncy and the	separation was		
					cluded in the definition					
					nent agency and the se workforce or an at-will			umented		
perior	nance p	orobiem and was n	or because or a redu	cuon in	Worklorde or an at-wiii	employme	nt decision.			
☐ Dishonoral										
		d, by a law entorco criminal miscondu		ed or n	esigned in lieu of termir	nation by th	e agency in	relation to		
				ed or n	esigned in lieu of termin	ation by th	e agency fo	r insubordination		
or untr	uthfulne	255.			•	•				
			ATTENT	IONII	CENSEE:					
To appeal this F-	5 Repor	t, you must comple			"Petition to Correct" for	m within 30	days after	receipt.		
					ense will be suspended					
Failure to timely a	appeal a	second dishonora	able discharge with a	petitio	n to correct form will res	sult in the re	evocation of	your license.		
10 Labladad	minist	rator or dealers	on offert that in	0.15	true and accurate	oveles str	on of the	alraumatassas		
			ees, attest that thi was terminated.	8 18 8	true and accurate	expianati	OII OI LIIO	circumstances		
A copy of this	F-5 wa	s provided to t	he person as requ	lred t	y Occupations Cod	e 1701.45	2, In 7 bu	siness days by:		
⊔ Hand	a deliver	y on	ate		☑ Certified mail on _	12/12/2 Date	2010			
					- 10					
JUBILEE					Jubilee	<b>&gt;</b>		12/11/2016		
			B: 0		0			D .		
Agency Administr	rator or	Designee (Type or	r Print)		Signature			Date		

## Withhold page under 552.101/1701.454

#### TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE. 200, Austin, Texas 78723-1035

Phone: (512) 936-7700 http://www.tcole.texas.gov

#### **SEPARATION OF LICENSEE (F-5)**

LICENSEE INFORMATION (Occupations Code 1701.452)

		\$35 fee	for paper form. I	_	order, agency or ca	ashier's o					
1. TCOLE PID	<ol><li>Last Name.</li></ol>				rst Name		4. M.I.	5. Suffix (Jr.,			
	WOLVER	INE		LO	GAN		Н	etc.)			
6. Date of Birth 03/04/52			ermanent Mailin MANTIUM D			8. City MARV	ÆL				
9. State TX	10. Zip Co 7870		11. Phone Numl (512) 555-2		12. Email ILOVEJEAN@	OHOTN	IAIL.CO	М			
13. APPOINT	MENT										
☑ Peace Off	_	•			_		poration P	.0.			
□ Public Security Officer											
MARVEL POLICE DEPARTMENT											
<ol> <li>DESIGNATION OF SEPARATION: (Check only one). Report must be submitted not later than the seventh business day after the date the license holder: (1) resigns, retires, or separates from the agency: or (2) exhausts all administrative appeals available to the license holder if the license holder was terminated based on an allegation of misconduct. Occupations Code 1701.452.</li> </ol>											
17. Date Appoin	17. Date Appointed: 03/02/2016 18. Separation Date: 12/11/2016										
Retired, re	Honorably Discharged Retired, resigned, or separated from employment with or died while employed by a law enforcement agency while in good standing and not because of pending or final disciplinary actions or a documented performance problem.										
(A) was te related (B) was te	General Discharge  (A) was terminated by, retired or resigned from, or died while employed by a law enforcement agency and the separation was related to a disciplinary investigation of conduct that is not included in the definition of dishonorably discharged; or  (B) was terminated by or retired or resigned from a law enforcement agency and the separation was for a documented performance problem and was not because of a reduction in workforce or an at-will employment decision.										
(A) was te allega (B) was te	tions of criminal m	v enforce isconduc	t; or		esigned in lieu of termir	•					
			ATTENT	TON LI	CENSEE:						
If this is your sec	ond dishonorable	discharge	on an F-5 Report,	your lic	"Petition to Correct" for ense will be suspended n to correct form will res	upon TCC	LE's receipt	of this document.			
			es, attest that th was terminated.	18 18 3	true and accurate	explanati	on of the c	Ircumstances			
A copy of this	F-5 was provid	ed to th	e person as requ	ulred b	y Occupations Cod	e 1701.45	2, In 7 bus	siness days by:			
☐ Hand	d delivery on	Da	te		☑ Certified mail on _	12/12/ Date	2016				
JUBILEE					Jubílee	·		12/11/2016			
Agency Administ	rator or Designee	(Type or	Print)		Signature			Date			

# Section 552.101 and Section 1324a

## Section 1324a of title 8 of the United States Code

- Protects Employment Eligibility Verification "Form I-9" and appended ID forms
- If the Form I-9 contains attachments such as a driver's license or Social Security card, then those attachments are also withheld

## PIA Pro Knows

Pursuant to Open Records Decision No. 684 (2009), governmental bodies are authorized to withhold a Form I-9 and its attachments without requesting a decision from the OAG



### **Employment Eligibility Verification**

Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

expiration date may also d	ristitute illegal ul	Scriminauc	MI.					
Section 1. Employed than the first day of emp					ist complete	and sign S	Section 1 of	Form I-9 no later
Last Name (Family Name) WOLVERINE		First Nan	ne (Given Name) I	)	Middle initial H	Other Nam	nes Used (17	any)
Address (Street Number and 2901 ADAMANTIUM	i Name)		Apt. Number	City or Town MARVEL			State TX	<b>Zip Code</b> 78701
Date of Birth (mm/dd/yyyy) 03/04/1952	U.S. Social Secur	3456		6 n@hotmail	. com			one Number 552234
l am aware that federal la connection with the com			ment and/or fi	ines for false	statements	or use of	f false doc	uments in
l attest, under penalty of	perjury, that I a	am (check	one of the fo	llowing):				
A citizen of the United	States							
A noncitizen national of	of the United Sta	tes (See i	nstructions)					
A lawful permanent re	sident (Alien Re	nistration l	Number/USCIS	Number):				
An alien authorized to w				•		. Some alie	ns may write	"N/A" in this field.
For aliens authorized to	to work, provide	your Alien	Registration N	lumber/USCI	S Number O	R Form I-9	4 Admissio	on Number:
1. Alien Registration N	lumber/USCIS N	lumber	-					
_	OR	diliber.			_			3-D Barcode
2. Form I-94 Admissio	n Number:				_		DO NO	t Write in This Space
If you obtained your States, include the f		ber from C	CBP in connect	ion with your	arrival in the	United		
Foreign Passport	Number:							
Country of Issuar	nce:							
Some aliens may w	rite "N/A" on the	Foreign P	assport Numbe	er and Countr	y of Issuano	e fields. (S	ee instruct	ions)
Signature of Employee: 🅢	Jolver	ine				Date (mr	m/dd/yyyy):	
Preparer and/or Trans employee.)	slator Certifica	ation (To	be completed a	and signed if	Section 1 is p	orepared b	y a person	other than the
l attest, under penalty of information is true and c		nave assi	sted in the cor	npletion of t	his form and	d that to th	ne best of	my knowledge the
Signature of Preparer or Tran	nslator:						Date (m	nm/dd/yyyy):
Last Name (Family Name)				FI	rst Name (G/v	en Name)		
Address (Street Number and	Name)			City or Town			State	Zip Code
		me 1	Employer Con	unlatas Nav	t Dage	<u> </u>		l

Form I-9 03/08/13 N Page 7 of 9

## Withhold page 552.101/1324a of title 8 of the USC



### **Employment Eligibility Verification**

Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

▶ START HERE. Read Instructions carefully before completing this form. The Instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employed than the first day of emp		•	Employees must complete offer.)	and sign Se	ection 1 o	f Form I-9 no later
Last Name (Family Name) WOLVERINE	First Nat LOGA)	me (Given Name) T	) Middle initial H	Other Name	s Used (If	any)
Address (Street Number and 2901 ADAMANTIUM	( Name)	Apt. Number	City or Town MARVEL		tate TX	Zip Code 78701
Date of Birth (mm/dd/yyyy) 03/04/1952	U.S. Social Security Number		5 n@hotmail.com	'		one Number 5552234
am aware that federal la connection with the com attest, under penalty of	pletion of this form.		ines for false statements	or use of	false doc	cuments in
A citizen of the United  A noncitizen national of	States		ilowing).			
A lawful permanent res	sident (Alien Registration	Number/USCIS	Number):			
(See instructions)			/уууу)			
		-	lumber/USCIS Number Ol	R Form I-94	Admissio	on Number:
	lumber/USCIS Number:_ OR				Do No	3-D Barcode t Write in This Space
States, include the f	admission number from ( following:		ion with your arrival in the	United		
	Number:					
,	nce: rite "N/A" on the Foreign F		er and Country of Issuance	e fields. (Se	e instruct	tions)
Signature of Employee: $m{\mu}$	)olverine			Date (mm	/dd/yyyy):	
Preparer and/or Trans employee.)	lator Certification (To	be completed a	and signed if Section 1 is p	repared by	a person	other than the
attest, under penalty of nformation is true and o		sted in the co	mpletion of this form and	I that to the	e best of	my knowledge the
Signature of Preparer or Tran	islator:				Date (n	nm/dd/yyyy):
Last Name (Family Name)			First Name (Give	en Name)		
Address (Street Number and	Name)		City or Town		State	Zip Code
	<b>fin</b> 1	Employer Coi	npletes Next Page	<b></b>		ı

Form I-9 03/08/13 N Page 7 of 9

# Section 552.101 and Section 6103(a)

## Section 6103(a) of title 26 of the United States Code

- Protects tax return information
- ▶ Tax return information includes W-2 and W-4 forms

## PIA Pro Knows

Pursuant to Open Records Decision No. 684 (2009), governmental bodies are authorized to withhold W-2 and W-4 forms without requesting a decision from the OAG

55555	Vold	a Employee 000-12-3	o's social security number 1456	For Offi OMB N			<b>•</b>						
68-090003	34					1 Wages, tips, other compensation 55,000			9,2	9,218.75			
e Employer's name, address, and ZIP code  MARVEL POLICE DEPARTMENT						3 Social security wages			3,72	4 Social security tax withheld 3,720			
333 20TH STREET						5 Medicare wages and tips				6 Medicare tax withheld			
d Control number	ARVEL, TI	EXAS /	8701			7 Social security tips				8 Allocated tips			
e Employee's first		11	name		-	9 11 Nonqualified plans				10 Dependent care benefits  12a See instructions for box 12			
LOGAN H	name and initial		LVERINE					Refressed	Third-par	1	ee Instruction	5 for box 12	
2004						13 5	<u> </u>	plan M	stick pay	120			
	adaman Rvel, te				14 Ottor			12d					
f Employee's add	ross and 7IP cod									-			
	er's state ID num		16 State wages, tips, etc.	17 State	e income	a tax	18 Lo	ccal wages	s, tips, etc.	19 Local	income tax	20 Localty name	

Form W-2 Wage and Tax Statement Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

5076

Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page

55555	Void	a Employe 000-12-3	o's social security number 1456	For Offi OMB N		se Only ► IS-0008						
68-090003		EINj				1 Way 55,0	os, tips, other compensation	9,218	nal Income t 3.75	ax withheld		
e Employer's name, address, and ZIP code									4 Social security tax withheld 3.720			
MARVEL POLICE DEPARTMENT 333 20TH STREET					5 Medicare wages and tips 6 Medicare tax withheld			hheid				
M/	ARVEL, TI	EXAS 7	8701			7 Soc	ial security tips	8 Alloca	ated tips			
d Control number						9			10 Dependent care benefits			
e Employee's first LOGAN H	name and Initial		name )LVERINE		Suff.		nqualified plans	12a See	instructions	for box 12		
	ADAMAN RVEL. TE					13 Shin amp 14 Oth	byvio phen alch paly	12b	 			
f Employee's add			5701					12d				
	er's state ID num		16 State wages, tips, etc.	17 State	e Incom	e tax	18 Local wages, tips, etc.	19 Local Inc	ome tax	20 Localty name		
	al Security Ad	ministratio	atement  n — Send this entire pagion; photocopies are no	ge with		76	For	Privacy Act	and Paper the sepan	Revenue Service work Reduction ste Instructions Cat. No. 101340		

Do Not Cut, Fold, or Staple Forms on This Page

## Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: if another person can claim you as a dependent on his or her tax return, you cannot claim examption from withholding if your income exceeds \$1,050 and includes more than \$350 of uneamed income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- . Is age 65 or older,
- Is blind, or

The exceptions do not apply to supplemental wages greater than \$1,000,000

greater train s1,000,000.

Basic Instructions. If you are not exampt, complete the Personal Allowances Worksheet below. The workshoets on page 2 brither adjust your withholding allowances based on literated deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply, However, you may claim tower (or zoro) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

percentage or wagehold. Generally, you can claim head of household filing status on your fax return only if you are urmanded and pay more than 50% of the costs of keeping up a home for yourself and your dependentiely or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Piling Information, for Information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances

Norwage income, if you have a large amount of norwage income, such as infarest or dividends, consider making estimated tax payaments using Form 1040-ES, Estimated Tax for individuals. Otherwise, you may one additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W4-0 or W4-0P.

Two earmers or multiple jobs. If you have a working spouse or mote than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withfolding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien, if you are a nonresident alien, see Notice 1302, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your carriings asseed \$130,000 [Single] or \$180,000 [Married].

	ed deductions, on h	is or her tax return.	worksheet balow. See Pub. 50 converting your other credits in		ruture der developme enacted af	velopments. Informa ints affecting Form W for we release it) will	tion about an I-4 (such as k be posted at	y future agisiatio www.in	n s.gov/w4.
		Personal	Allowances Works	heet (Keep fo	or your records.)				
A	Enter "1" for yo	urself if no one else can c	laim you as a dependent					Α	1
	1	<ul> <li>You are single and hav</li> </ul>	e only one job; or			1		_	
В	Enter "1" if:	· You are married, have	only one job, and your sp	ouse does not	work; or	} .		В	1
	l	<ul> <li>Your wages from a second</li> </ul>	and job or your spouse's v	vages (or the tot	tal of both) are \$1,50	0 or less. <sup>J</sup>		_	
C	Enter "1" for yo	ur <b>spouse.</b> But, you may o	choose to enter "-0-" if y	ou are married a	and have either a w	orking spouse	or more		
	than one job. (E	intering "-0-" may help you	avoid having too little to	x withheld.) .				C	
D	Enter number of	f dependents (other than )	your spouse or yourself)	you will claim o	n your tax return .			D	
E	Enter "1" if you	will file as head of housel	hold on your tax return (s	ee conditions u	inder Head of hous	ehold above)		E	
F	Enter "1" if you	have at least \$2,000 of chi	ild or dependent care e	xpenses for wh	nich you plan to clai	m a credit .		F	
	(Note: Do not i	nclude child support paym	ents. See Pub. 503, Child	d and Depender	nt Care Expenses,	for details.)			
G		dit (including additional chil							
		come will be less than \$70				hen less "1" if	you		
		r eligible children or less "		_					
		ome will be between \$70,000			2.7	_		G _	
Н	Add lines A throu	ugh G and enter total here. (N	•			•		_	2
	For accuracy,	If you plan to itemize and Adjustments Wo	or claim adjustments to I	ncome and wan	t to reduce your with	nholding, see the	e Deducti	ons	
	complete all		riksneet on page 2. have more than one job o	r are married as	ad you and your en	wee both work	and the	ombl	nod
	worksheets		exceed \$50,000 (\$20,000						
	that apply.	to avoid having too litt	le tax withheld.			•			,
		• If neither of the above	situations applies, stop h	ere and enter th	e number from line i	on line 5 of Fo	rm W-4 be	elow.	
		Separate here and g	give Form W-4 to your en	nployer. Keep th	ne top part for your	records. ——			
_	W-4	Employe	e's Withholding	Allowan	ce Certifica	te	OMB No	1545	-0074
Depart	ment of the Treasury I Revenue Service		tled to claim a certain numb se IRS. Your employer may b				20	1	6
1	Your first name	and middle initial	Last name			2 Your social	security n	umber	
LOG	AN H		WOLVERINE			00	0-12-3456		
	Home address (	number and street or rural route)		3 🗹 Single	Married Marr	led, but withhold a	at higher Sir	ngle ra	te.
2901	ADAMANTIUM	DRIVE		Note: If married, bu	ut legally separated, or spo	use is a nonresident	slien, check t	he "Sin	gle" box.
		ite, and ZIP code		4 If your last na	ame differs from that :	shown on your so	cial securi	ty can	d,
MAF	RVEL, TEXAS 78	701		check here.	You must call 1-800-7	72-1213 for a re	placement	card.	
5	Total number	of allowances you are clai	ming (from line H above	or from the app	olicable worksheet o	on page 2)	5	2	
6		ount, if any, you want with					6 \$		
7		otion from withholding for 2					on.		
		had a right to a refund of al							
		expect a refund of all feder				ility.			
		oth conditions, write "Exen				7			
Unde	er penaities of per	jury, I declare that I have exa	amined this certificate and	, to the best of m	ny knowledge and be	eller, it is true, co	orrect, and	com	piete.
	loyee's signatur form is not valid	e uniess you sign it.) ▶	Wolverine			Date ► OS	3/08/	16	
8		e and address (Employer: Comp			9 Office code (optional)	10 Employer id		numbe	ar (EIN)
MAF	<b>RVEL POLICE DE</b>	PARTMENT 333 20TH STR	EET, MARVEL, TEXAS 78	3701		98	-7654321		

Form W-4 (2016)

## Withhold page under 552.101 w/ 6103(a) of title 26 of the United States Code

## Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 explines February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of uneamed income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- . Is age 65 or older,
- . is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exampt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household fling status on your tax return only if you are urmarried and pay more than 50% of the costs of keeping up a home for yoursalf and your dependently or of ther qualifying individuals. See Pub. 501, Exemptions, Standard Doduction, and Filing Information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for full of dependant core expresses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances. Norwage Income. If you have a large amount of norwage income, such as infrared or dividends, consider making estimated tax payments using Form 1041-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have persion or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W4-0 or W4-P.

Two earners or multiple jobs. If you have a working spouse or more than cone job, figure the working spouse or more than cone job, figure the working spouse to be claim or all jobs using workshouts from only one form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completed this time.

Chack your withholding. After your Form W-4 takes offect, use Pub. 505 to see how the amount you are having withheld compares to your projected lotal tax tor 2016. See Pub. 506, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Form W-4 (2016)

Cat. No. 10220Q

Future developments, information about any futura developments affacting Form W-4 (such as legislation enacted affair we release it) will be posted at www.irs.gov/w

					enacted at	tor we release it) will	be posted at www	v.irs.gov/w4.
		Persona	l Allowances Works	<b>heet</b> (Keep fo	or your records.)			
A	Enter "1" for you	rself if no one else can c	laim you as a dependent				A	1
	(	· You are single and hav	e only one job; or			1		
В			only one job, and your sp			} .	B	1
			ond job or your spouse's v					
C		r <b>spouse.</b> But, you may o			and have either a w	orking spouse	or more	
	than one job. (En	ntering "-0-" may help you	u avoid having too little ta	ex withheld.) .			С	
D		dependents (other than					D	
Е		vill file as head of housel					E	
F		nave at least \$2,000 of chi					F	
		clude child support paym						
G								
	<ul> <li>If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you</li> </ul>							
		eligible children or less "						
	•	me will be between \$70,000				_		
н	Add lines A throug	th G and enter total here. (N						2
	For accuracy.	<ul> <li>If you plan to Itemize and Adjustments Wo</li> </ul>	or claim adjustments to I	ncome and wan	t to reduce your with	nholding, see th	e Deductions	3
	complete all	•	have more than one job o	r are married as	od you and your en	una bath war	k and the com	blood
	worksheets		exceed \$50,000 (\$20,000					
	that apply.	to avoid having too litt	te tax withheld.			•		•
_		If neither of the above	situations applies, stop h	ere and enter th	e number from line i	on line 5 of Fo	xm W-4 belov	W.
_		Separate here and g	give Form W-4 to your en	nployer. Keep th	e top part for your	records		
	TAL A	Employo	e's Withholding	Allowon	on Cortifica	to	OMB No. 15	45 0074
Form	W-4	Elliploye	e a withinoiding	MIIOWAII	ce cerunca	te	OMB NO. 10	HO-0074
	tment of the Treasury at Revenue Service		tied to claim a certain numb ne IRS. Your employer may b				201	16
1	Your first name an		Last name	e required to sem	a copy of the form t	2 Your socia	security numi	ber
LOC	SAN H		WOLVERINE				0-12-3456	
	Home address (nu	imber and street or rural route		a Lef Single	Married Marr	ind but withhold	et blobor Clouds	refo
290	1 ADAMANTIUM D	RIVE	•		it legally separated, or spo			
	City or town, state	a, and ZIP code			ame differs from that :			_
MAI	RVEL, TEXAS 7870	n			You must call 1-800-7	•		
-5	Total number o	of allowances you are clai	iming (from line H shove					2
6		ount, if any, you want with			MODEL WORLD CO.	an page 2)	6 \$	
7		ion from withholding for 2			following condition	ns for evernoti		
		ad a right to a refund of a					- I	
		pect a refund of all feder						
		th conditions, write "Exen				7		
Und		ry, I declare that I have exa		, to the best of m	y knowledge and be	ellef, it is true, o	orrect, and co	mplete.
	loyee's signature				-			
		nless you sign it.) 🕨	Wolverine			Date ► O	8/08/W	ó
- 8		and address (Employer: Comp	plate lines 8 and 10 only if sen	ding to the IRS.)	9 Office code (optional)	10 Employer i	dentification nun	nber (EIN)
MAI	RVEL POLICE DEP	PARTMENT 333 20TH STR	REET, MARVEL, TEXAS 70	3701	,	96	3-7654321	

## Information Protected:

A military veteran's Department of Defense Form DD-214 or other military discharge record that first comes into a governmental body's possession on or after September 1, 2003

CERTIFICATE OF RELEAS	E OR C	DISCHARGE FRO	OM AC	TIVE DU	JTY	
3. NAME (Last: First, Middle)	2. DEPART	MENT, COMPONENT AND	BRANCH	2	SOCIAL SE	CURRY NO.
WOLVERINE, LOGAN, HOWLETT	1ST CAN	NADIAN PARACHU	TE BATT	ALION	000.1:12	3456
A GRADE, RATE OR RANK		5. DATE OF BIRTH (YYM	AMDD)	6. RESERVE	OBLIG. TER	M. DATE
SOLDIER OF FORTUNE		03/04/1952		Year	Month	Day
7.a. PLACE OF ENTRY INTO ACTIVE DUTY		7.b. →OME OF RECORD address if known)	AT TIME OF	ENTRY (City	y and state,	or complete
		2901 ADAMANTI	UM DRIV	E, MARV	EL, TEXA	AS 78701
8.a. LAST OUTY ASSIGNMENT AND MAJOR COMMAND		8.6. STATION WHERE SE FORT HOOD, TE			•	• •
9. COMMAND TO WHICH TRANSFERRED		<del></del>		10. SGLI CO	OVERAGE	X Nane
N/A				Amount	200.0	
11. PRIMARY SPECIALTY (List number, title and years and	months in	12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)
specially. List additional specialty numbers and titles invo- periods of one or more years.)	lying	a. Date Entered AO Th	2000	FEB	13	
periods of one of more years,		b Separation Date Thi	s Perind	2010	:::JUI:	17
ARMOR, GENERAL - 8 YRS 4 MOS //		c Net Active Service T	his Perioc	1000	1000	````` <b>````</b>
		d. Total Prior Active Se	ervice	06	06	07
NOTHING FOLLOWS		e. Totai Prior Inactive !	Service	277	:::az::	:08
		f. Foreign Service			02	
		g Sea Service		000	:::00x::	00:
		h Effective Date of Pa	y Grade	2008	la es du inc	2000 <b>111</b>
14. MILITARY EDUCATION (Course title, number of weeks, INSTRUC BASIC (02 WKS) FEB 00, CELES NAVIO			E COURSE	(07 WKS)	) JUN05	
ISUAL MEMBER CONTRIBUTED TO POSTIVE NAMERRA TON TO	va 15.6 HIGH	P SCI-DOL GRADUATE OIL	Tes No	16. DAYS	AÇÇRUED LE	AVE PAID
VETERANS EDUCATIONAL ASSISTANCE PROBRAM		IVALENT	Y	59.5		
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL	APPROPRIATE D	ENTAL SERVICES AND TREATMEN	IT WITHIN 90 DA	YS PRIOR TO S	LPARA HON	Yes No
18. MANUAC ADDRESS ATTER SEPARATION COCKER JO 2901 ADAMANTIUM DRIVE, MARVEL TEXAS 78	701	A CONTRACTOR OF THE CONTRACTOR	*********** ************ ******	**************************************	*	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
21. SIGNATURE OF MEMBER REING SEPARATED	LONIA	······································	Bobb	u Dri	ake	

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD.
SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY										
1. MAME (Last: First, Middle)	2. DEPAI	RTMENT, COMPONENT AND	BRANCH	<b>3</b> .1	SOCIAL SEC	UARTY NO.				
WOLVERINE, LOGAN, HOWLETT	1ST C/	ANADIAN PARACHU	TE BATT	ALION0	00 1 12	3456				
4 GRADE RATE OF BANK 45 PAY GE	ADE	5. DATE OF BIRTH (YYM	MDD)	6. RESERVE	OBLIG. TERN	A. DATE				
SOLDIER OF FORTUNE		03/04/1952		Year	Mon*h	Day				
7.a. PLACE OF ENTRY INTO ACTIVE DUTY		7.p. →OME OF RECORD address if known)	AT TIME OF	ENTRY (City	and state, c	or complete				
		2901 ADAMANTIL	JM DRIV	E, MARVE	L, TEXA	S 78701				
8.a. LAST OUTY ASSIGNMENT AND MAKIR COMM	AAND	8.6. STATION WHERE SE FORT HOOD, TE			•					
9. COMMAND TO WHICH TRANSFERRED N/A	<u>" . '</u> .			10. SGLI CO <sup>1</sup> Amount:	VERAGE \$ 200.00	X Nane				
11. PRIMARY SPECIALTY (List number, title and y	ears and months in	12. RECORD OF SERVICE		Year(s)	Month(s)	Day(s)				
specialty. List additional specialty numbers and	titles involving	a. Date Entered AO Thi	s Period	2000	<del>010 1 00 0 1 0 1   1   1   1   1   1   1</del>	***********				
periods of one or more years.)		b Separation Date This	Perind	2010		30.0476				
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ARMOR, GENERAL - 0 113 4 MOS	"	d. Total Prior Active Se		03	VO. 10 2 2 2 2 2					
NOTHING FOLLOWS		e. Total Prior Inactive 5		337		07				
		f. Foreign Service		01		08*				
		g Sea Service			00					
		h Effective Date of Par	Genda	วทุกร						
13. DECORATIONS, MEDALS, BADGES, CITATIONS	AND CANDAICS! C			C. Orange and	a a complete	1111 X				
14. MILITARY EDUCATION (Course title, number of INSTRUC BASIC (02 WKS) FEB 00, CELE			COURSE	E (07 WKS)	JUN05	:				
15.a. MEMBER CONTRIDUCTED TO POST-VIOLNAM FRA	Yes No 15.6 H	IGP SOLDOL GRADUATE OII	16 No	T						
VETERANS' EDUCATIONAL ASSISTANCE PHOGRAM	. V	Water a composition of the Compo		1 -	CCRUED LEA	AVE PAID				
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION	X	QHIVALENT	X	16. DAYS AT	CCAUED LEA	AVE PAID				
		QHIVALENT	X WITHIN 90 DA	59.5		VE PAID				
HEL MANUAC ADDRESS AFTER SPERATION OF 2901 ADAMANTUM DRIVE, MARVEL TE	N AND ALL APPROPRIATE	OHIVAI FINT  DENTAL SERVICES AND TREATMEN  1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		59.5  NYS PRIOR 10 SEP  1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ARA 110 M	Yes   F-U				
14. MAUGA ADDRESS AFTER SFERATOR OF	N AND ALL APPROPRIATE	OHIVAI FNT  DENTAL SERVICES AND TREATMENT		59.5  NYS PRIOR 10 SEP  1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ARA 110 M	Yes   F-U				

DD Form 214, NOV 88

Previous editions are obsolète.

MEMBER - 1



# **Section 552.101 and Common-Law Privacy**

## Common-law privacy protects:

- Information that (1) contains highly intimate or embarrassing facts, which if publicized would be highly objectionable to a reasonable person, and (2) is not of legitimate concern to the public
- Information contained in personnel records subject to common-law privacy includes:
  - Dates of birth
  - Personal financial information
  - Medical information
  - Information relating to a sexual harassment investigation



# **Section 552.101 and Common-Law Privacy**

- Personal financial information protected under common-law privacy must be information <u>not</u> relating to a financial transaction between an individual and a governmental body
  - Assets or debts, Optional insurance coverage, Direct deposit authorization, Lien information, Designation of beneficiaries of retirement benefits

## PIA Pro Knows

Pursuant to Open Records Decision No. 684 (2009), governmental bodies are authorized to withhold direct deposit authorization forms without requesting a decision from the OAG

## PIA Pro Tips

- Let us know if the requestor has a right of access under 552.023 of the Government Code
- If relevant, let us know if individual is deceased
- Will not protect information in a court filed document that is subject to 552.022(a)(17) of the Government Code

INSURANCE ENROLLMENT FORM

#### **Enrollee Information**

Employee Name: <u>Logan Wolverine</u> Social Security Number: <u>000-12-3456</u>

Address: 2901 Adamantium Drive, Marvel, Texas 78701

Home Telephone: (512) 555-2234

#### **Optional Health Insurance Elections**

Optional riealth misur	ance Liections
Yes	<u>No</u>
<u>_X_</u>	
<u>X</u>	_
<u>Life Insurance E</u>	<u>lections</u>
<u>Yes</u>	No
X	
<u>_X</u>	
	Yes X X X X Life Insurance E

**Beneficiary Designation** 

Name of Beneficiary: <u>Jean Grey</u> Address: <u>4852 Dark Phoenix Lane</u>, Austin, TX 78704

Relationship: Friend

Phone Number: <u>(512) 555-6931</u>

Signature: Wolverine Date: 8/31/16

552.101/common-law privacy

INSURANCE ENROLLMENT FORM

#### **Enrollee Information**

Employee Name: Logan Wolverine Social Security Number: 000-12-3456

Address: 2901 Adamantium Drive, Marvel, Texas 78701

Home Telephone: (512) 555-2234

**Optional Health Insurance Elections** 

Yes

Χ

Χ

Χ

Do you wish to enroll in Dental Coverage? Do you wish to be enrolled in Short Term Disability Coverage? Do you wish to be enrolled in Long Term Disability

Coverage?

Yes

Address: 4852 Dark Phoenix Lane, Austin, TX 78704

No

**Life Insurance Elections** 

Do you wish to apply for supplemental Mutual Life Insurance Benefits?

Do you wish to apply for Life Insurance Benefits?

**Beneficiary Designation** 

Name of Beneficiary: Jean Grey

Relationship: Friend

Phone Number: (512) 555-6931

Date: 8/31/16

INSURANCE ENROLLMENT FORM

## 552.101/common-law privacy

#### **Enrollee Information**

Employee Name: Logan Wolverine Social Security Number: 000-12-3456

Address: 2901 Adamantium Drive, Marvel, Texas 78701

Home Telephone: (512) 555-2234

Do you wish to enroll in Dental Coverage? Do you wish to be enrolled in Short Term Disability Coverage? Do you wish to be enrolled in Long Term Disability

Coverage?

Do you wish to apply for Life Insurance Benefits?

Do you wish to apply for supplemental Mutual Life Insurance Benefits?

Name of Beneficiary: Jean Grey Relationship: Friend

Phone Number (512) 555-6931

**Optional Health Insurance Elections** 

<u>Yes</u>	<u>No</u>
<u>X</u> X	
<u>X</u>	

**Life Insurance Elections** 

Yes	<u>No</u>
X	
Χ	
' <u></u> '	

**Beneficiary Designation** 

Address: 4852 Dark Phoenix Lane, Austin, TX 78704

Date: 8/31/16

INSURANCE ENROLLMENT FORM

#### **Enrollee Information**

552.101/common-law privacy

552.117(a)(2)

Employee Name: Logan Wolverine

Social Security Number: 000-12-3456

Address: 2901 Adamantium Drive, Marvel, Texas 78701

Home Telephone: (512) 555-2234

Do you wish to enroll in Dental Coverage?

Do you wish to be enrolled in Short Term Disability

Coverage?

Do you wish to be enrolled in Long Term Disability

Do you wish to apply for Life Insurance Benefits? Do you wish to apply for supplemental Mutual Life

Coverage?

**Optional Health Insurance Elections** 

Yes Χ Χ

No

**Life Insurance Elections** 

Yes

Χ

**Beneficiary Designation** 

Name of Beneficiary: Jean Grey

Relationship: Friend

Insurance Benefits?

Phone Number (512) 555-6931

Address: 4852 Dark Phoenix Lane, Austin, TX 78704

Signature:

Date: 8/31/16

#### STATEMENT OF EARNINGS – PAYROLL PERIOD 08/01/16 to 08/31/16

Officer Name: Logan Wolverine SSN: XXX-XX-3456
Officer Title: Assistant Police Chief Marital Status: Single
Badge Number: 8342 No. Exemptions: 2

EARNINGS	CURRENT	YR-TO-DT	DEDUCT	CURRENT	YR-TO-DT
Salary Gross	4492.24	39430.16	Fed W/H Tax	469.47	4023.31
Retirement	311.88	2737.92	Medicare Tax	278.52	571.74
401K Amt	42.08	369.40	Disability Long	26.90	242.10
Fed W/H Gross	4138.28	36322.84	ERS Retirement	311.88	2737.92
			401K	42.08	369.40
Total Gross	4492.24	39430.16	Total Deductions	1128.85	7944.47
Total Deducts	1128.85	7944.47			
Total Net Pay	3363.39	26907.12	Disbursement:		3363.39

#### STATEMENT OF EARNINGS – PAYROLL PERIOD 08/01/16 to 08/31/16

Officer Name: Logan Wolverine

Officer Title: Assistant Police Chief

Badge Number: 8342

SSN:

Marital Status:

No. Exemptions:

XXX-XX-3456 Single

2

EARNINGS	CURRENT	YR-TO-DT	DEDUCT	CURRENT	YR-TO-DT
Salary Gross	4492.24	39430.16	Fed W/H Tax	469.47	4023.31
Retirement	311.88	2737.92	Medicare Tax	278.52	571.74
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Fed W/H Gross	4138.28	36322.84	ERS Retirement	311.88	2737.92
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552.101/common-law privacy

#### MARVEL POLICE DEPARTMENT

#### STATEMENT OF EARNINGS - PAYROLL PERIOD 08/01/16 to 08/31/16

Officer Name: Logan Wolverine

Officer Title: Assistant Police Chief

Badge Number: 8342

SSN:

Marital Status:

No. Exemptions:

XXX-XX-3456 Single

EARNINGS	CURRENT	YR-TO-DT	DEDUCT	CURRENT	YR-TO-DT
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Total Deducts	1128.85	7944.47			
Total Net Pay	3363.39	26907.12	Disbursement:		3363.39

#### **Employee Direct Deposit Enrollment Form**

To enroll in full service direct deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample MICR line, detailing where the information necessary to complete this form can be found.

1: 012345678: 12345 routing transit numb		umber: check number	
IMPORTANT! Please	read and sign before	completing and submitting.	
owed me by initiating indicated on this form	g credit entries to my	ent ("Imperial") to deposit any an account at the financial institution Bank to accept and to credit any t.	("Bank")
Employee Name: Log	an Wolverine	Social Security #: 000-12	-3456
Employee Signature:	Wolverine	Date: <u>08/08/08</u>	
Account Information	ı		
Bank Name/City/Stat	te: Mutant One, M	arvel, TX	
Routing Transit #: 98	7338750		
Account Number: 98	35902238		
Checking			
Savings			
Other			
I wish to deposit:			
<	or		

Entire Net Amount

# Withhold page 552.101/common-law privacy

#### MARVEL POLICE DEPARTMENT

Employee Direct Deposit Enrollment Form

To enroll in full service direct deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample MICR line, detailing where the information necessary to complete this form can be found

## **MutantFunds Credit Report**

Personal Information:

Logan Wolverine DOB: 03/04/1952

Address: 2901 Adamantium Drive, Marvel, Texas 78701

Report Summary:

Number of trade lines: 3 Accounts Balance: \$1,000

Score: 620

Public Records:

Legal Judgment \$4,000 Park Realtors

#### **Trade Lines**

Creditor	Opened	Limit	Balance	Past Due	Payments
Mutant	7/7/2007	\$1,000	\$280	\$10	49
Credit					
Mutant	11/5/2007	\$1,000	\$720	\$90	52
Loan					
Magnet	6/6/2003	\$5,000	\$0	\$0	77
Credit					

## **MutantFunds Credit Report**

Personal Information:

Logan Wolverine

DOB: 03/04/1952

Address: 2901 Adamantium Drive, Marvel, Texas 78701

Report Summary:

Number of trade lines: 3 Accounts Balance: \$1,000

Score: 620

Public Records:

Legal Judgment \$4,000 Park Realtors

#### **Trade Lines**

Creditor	Opened	Limit	Balance	Past Due	Payments
Mutant	7/7/2007	\$1,000	\$280	\$10	49
Credit					
Mutant	11/5/2007	\$1,000	\$720	\$90	52
Loan					
Magnet Credit	6/6/2003	\$5,000	\$0	\$0	77

#### **Mutant Lenders**

#### **Request for Verification of Employment**

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Part	1	- Request
$\mathbf{I}$ at $\mathbf{I}$		- Neunesi

1.	To (Name and address of employer): Marvel Police Department, 333 20 <sup>th</sup> Street
2.	From (Name of lender): Mutant Lenders
	that this verification has been sent directly to the employer and has not passed through the hands of licant or any other interested party.
	Signature of lender: Wolverine
4.	Date: 09/05/13
	applied for a mortgage loan and stated that I am now or was formerly employed by you. My re below authorizes verification of this information.
5.	Name and address of applicant: Wolverine, 2901 Adamantium Drive, Marvel, TX 78701
6.	Signature of applicant:
	<u> Wolverine</u>
Part 2	- Verification of Present Employment
	- Verification of Present Employment  Applicant's Date of Employment: 03/03/2008
7.	
7. 8.	Applicant's Date of Employment: 03/03/2008
7. 8. 9.	Applicant's Date of Employment: 03/03/2008
7. 8. 9.	Applicant's Date of Employment: 03/03/2008
7. 8. 9.	Applicant's Date of Employment: 03/03/2008
7. 8. 9.	Applicant's Date of Employment: 03/03/2008
7. 8. 9. 10	Applicant's Date of Employment: 03/03/2008
7. 8. 9. 10	Applicant's Date of Employment: 03/03/2008
7. 8. 9. 10 11 <b>Part 3</b>	Applicant's Date of Employment: 03/03/2008

#### **Mutant Lenders**

Withhold page 552.101/common-law privacy

#### **Request for Verification of Employment**

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

D4	1	т			4
Part		— r	Cea	ш	PSI

1. To (Name and address of employer): Marvel Police Department, 333 20 <sup>th</sup> Street					
From (Name of lender): Mutant Lenders					
I certify that this verification has been sent directly to the employer and has not passed through the hand the applicant or any other interested party.	of				
3. Signature of lender: Wolverine	Signature of lender: Wowerine				
4. Date: 09/05/13	· ·				
I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.					
Name and address of applicant: Wolverine, 2901 Adamantium Drive, Marvel, TX 78701					
6. Signature of applicant:  Wolverine					
Part 2 – Verification of Present Employment					
7. Applicant's Date of Employment: 03/03/2008					
7. Applicant's Date of Employment: 03/03/20088. Present Position: Assistant Chief					
<ol> <li>Applicant's Date of Employment: 03/03/2008</li> <li>Present Position: Assistant Chief</li> <li>Probability of continued employment: Very strong</li> </ol>	<u> </u>				
<ul> <li>8. Present Position: Assistant Chief</li> <li>9. Probability of continued employment: Very strong</li> <li>10. Current Gross Base Pay (Enter Amount and Check Period):</li> </ul>	<u> </u>				
8. Present Position: Assistant Chief 9. Probability of continued employment: Very strong	 				
<ul> <li>8. Present Position: Assistant Chief</li> <li>9. Probability of continued employment: Very strong</li> <li>10. Current Gross Base Pay (Enter Amount and Check Period): \$\frac{60,000}{4}\$ Annual Monthly Weekly Hourly Other (Specify)</li> <li>11. Remarks (If employee was off work for any length of time, please indicate time)</li> </ul>					
8. Present Position: Assistant Chief 9. Probability of continued employment: Very strong 10. Current Gross Base Pay (Enter Amount and Check Period):  \$\frac{60,000}{4000} \rightarrow Annual \rightarrow Monthly \rightarrow Weekly Hourly Other (Specify)					
<ul> <li>8. Present Position: Assistant Chief</li> <li>9. Probability of continued employment: Very strong</li> <li>10. Current Gross Base Pay (Enter Amount and Check Period): \$\frac{60,000}{4}\$ Annual Monthly Weekly Hourly Other (Specify)</li> <li>11. Remarks (If employee was off work for any length of time, please indicate time)</li> </ul>					
<ul> <li>8. Present Position: Assistant Chief</li> <li>9. Probability of continued employment: Very strong</li> <li>10. Current Gross Base Pay (Enter Amount and Check Period): \$\frac{60,000}{\text{Monthly}} \sum_{\text{Monthly}} \sum_{\text{Weekly}} \sum_{\text{Hourly}} \sum_{\text{Other (Specify)}}\$</li> <li>11. Remarks (If employee was off work for any length of time, please indicate time period and reason): Honest and dependable employee</li> </ul>					
<ul> <li>8. Present Position: Assistant Chief</li> <li>9. Probability of continued employment: Very strong</li> <li>10. Current Gross Base Pay (Enter Amount and Check Period): \$\frac{60,000}{2} \text{Annual} \text{Monthly} \text{Monthly} \text{Weekly} \text{Hourly} \text{Other (Specify)}\$</li> <li>11. Remarks (If employee was off work for any length of time, please indicate time period and reason): Honest and dependable employee</li> <li>Part 3 – Authorized Signature</li> </ul>					



# Section 552.101 and Common-Law Privacy

- Medical information protected under common-law privacy must relate to specific illnesses or disabilities
- Examples:
  - Specific illnesses
  - Operations
  - Physical handicaps
  - Psychiatric treatment of mental illnesses
  - Specific prescription medications (not the fact an individual is taking medication)
  - Pregnancy
  - Blood type

## **Request for Leave / Report of Absence**

Employee Name: <u>Logan Wolverine</u>	Position Title: <u>Assistant Police Chief</u>			
In accordance with department polices, I hereby		eave on the following date(s):10/12/16 ork HOURS Absent8		
Reason for requested leave:	Х	Sick (I have the flu and have to take RX medications for it)	Personal leave	
		Bereavement Unpaid leave	Maternity/paternity Other	_
-		lverine	08/08/16	
Approval?YesXNo	Eı	mployee Signature  Charles Xavier	Date 	
	Sup	pervisor's signature	Date	

Supervisor comments: That's what the healing factor is for, Logan. Now get back to work

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552.101/common-law privacy

Incorrect markings under 552.101/common-law privacy

#### MARVEL POLICE DEPARTMENT

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# **Sexual Harassment Investigation**

# Sexual Harassment Investigation



# **Section 552.101 and Common-Law Privacy**

- Sexual Harassment Investigation Information
  - If the investigation contains an adequate summary, then withhold (1) all investigation information except the statement of the accused and the adequate summary and (2) the identities of the victims and witnesses of sexual harassment within the adequate summary and statement of the accused
  - If the information does not contain an adequate summary, the identities of the victims and witnesses of sexual harassment must be withheld throughout the sexual harassment investigation
- Morales v. Ellen, 840 S.W.2d 519 (Tex. App.—El Paso 1992, writ denied)



# **Section 552.101 and Common-Law Privacy**

- An adequate summary includes the allegations as well as the results of the investigation
- In either case, the identity of the person accused of sexual harassment and his/her statement is not protected
- This analysis only applies to sexual harassment in the employment context

# Without Adequate Summary

From: Jean Grey

RE: Harassment complaint

I am writing to file a formal complaint against Assistant Chief of Police Wolverine. This past Wednesday, I was walking past him at the department carrying a heavy box, and he stopped, looked me up and down, smiled, and said, "Looks like someone's been working out." He then winked at me. Later that day, he sent me a text message asking if I could stop by later, insisting that I come alone. When I asked him why, he said that he wanted to "teach me a lesson." I couldn't believe what I was seeing! The entire situation was extremely humiliating. I cannot stay silent about this. I don't feel safe in this work environment.

Thank you,

Jean Grey

From: Jean Grey

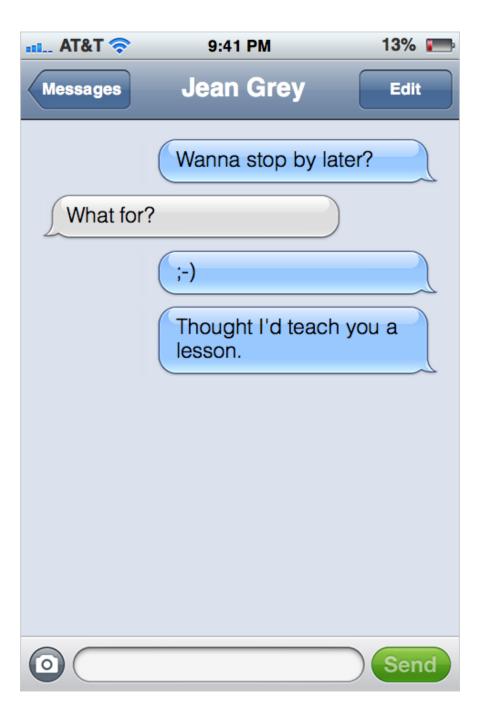
552.101 + common-law privacy & Ellen

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Thank you,

Jean Grey









From: Logan Wolverine, Assistant Chief of Police

RE: Statement regarding harassment complaint

I want to put into writing my response to the false allegations made against me by Jean Grey. She claims that I made inappropriate comments, both verbally and through text message. I'm completely shocked by these allegations as I remember the situations vividly.

I walked past Jean on Wednesday at the department as she was moving some heavy boxes containing investigation files for a cold case we were re-opening. The employment application for the Marvel Police Department specifically asks whether the applicant is able to lift 50 lbs. The joke among Jean, me, and a few of the other officers had always been that we needed to continue working out for the day when this requirement would be necessary. When I told Jean it looked like she had been working out, I thought she knew it was a play on our joke.

I also did text Jean asking her to come by. As you know, I've been teaching a class on combat tactics for all of our officers. Our recent lesson has pertained to hand to hand combat when threatened by individual suspects. Jean, to put it nicely, hasn't been faring too well. She seems to think she can use her mind to get her out of any situation. I was texting her to request that she meet me for an individual session. I thought I was being kind. I could've just failed her, rather than offering up my free time to give her the supplemental tutelage.

I maintain that nothing I have done was inappropriate.

Regards,

Wolverine

552.101 + common-law privacy & Ellen

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# With Adequate Summary

To: Charles Xavier, Chief of Police

From: Hank Philip Beast, Human Resources

Date: July 8, 2016

Subject: Investigation of sexual harassment allegations

Summary of allegations:

Jean Grey, a patrol officer, alleges that Logan Wolverine, Assistant Chief of Police, made inappropriate comments to her both verbally and through text message. Ms. Grey states these actions were unwanted and have made her feel uncomfortable.

Investigation findings:

We interviewed Scott Cyclops and Remy Gambit, both patrol officers in the department, and colleagues of Jean Grey and Logan Wolverine. Both officers happened to be present during portions of the events.

Cyclops said he was walking with Wolverine when they passed Jean Grey in the hall. Cyclops said Jean was carrying a pretty heavy box. Cyclops informed us, that a patrol officer's application states one of the requirements of the job is the ability to lift up to 50 pounds and the officers always joke about when that time would come. Cyclops said, upon seeing Jean, Wolverine said to him, "I guess now we have our answer about that application." He told us, as they passed Jean, Wolverine then made the comment to Jean about working out. Cyclops told us, "Wolverine and I both laughed. This has been a joke between us all for a while. I can't imagine how Jean could take the comment any other way. We had all always said we needed to be able to lift 50 pounds when the moment came."

Gambit told us he was sitting in Wolverine's office, and while Wolverine was reviewing evaluations and training requirements, they discussed how everyone was progressing. Gambit said, "Jean just doesn't think she needs any type of physical training. She thinks she can just somehow get inside of people's minds to control the situation if she ever gets into danger." Gambit told us Wolverine was deeply concerned that Jean would lose her badge if she couldn't meet certain requirements. Gambit said it was he who suggested that Wolverine give Jean another chance and try to get through to her one on one. Gambit told us Wolverine was skeptical, but that he decided to text Jean anyway.

Determination: Based on my investigation, I find there is not sufficient evidence to sustain Jean Grey's allegations of sexual harassment against Assistant Chief of Police Wolverine. I recommend the investigation be closed.

## 552.101 + common-law privacy & Ellen

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552.101 + common-law privacy & Ellen

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# **Open Records Decision No. 684 (2009)**

## PIA Pro Knows

Pursuant to ORD 684, governmental bodies are authorized to withhold some information without requesting a decision from the OAG

- Direct deposit authorization
- ❖ Form I-9
- W-2 and W-4 forms
- Fingerprints
- L-2 and L-3 declarations
- E-mail address of a member of the public
- ❖ Form DD-214
- Notify requestor you are relying on ORD 684



# Sections 552.024, 552.130, and 552.147

## PIA Pro Knows

- Section 552.024(c) of the Government Code
- Section 552.130(c), (e) of the Government Code
- Section 552.147(b) of the Government Code

# **OAG's Open Government Hotline**

(877) OPEN-TEX (512) 478-6736

## **OAG** Website

www.texasattorneygeneral.gov/open/index.shtml